DOCUMENT RESUME

ED 199 980 EC 132 482

AUTHOR Thouvenelle, Suzanne; And Others
TITLE Study of Procedures for Determining the Least Restrictive Environment (LRE) Placement of Handicapped Children. Final Report. Activity 4: Promising Strategies for Determining the Educational Placement of Handicapped Children.
INSTITUTION Applied Management Sciences, Inc., Silver Spring, Md.
SPONS AGENCY Bureau of Education for the Handicapped (DHEW/OE), Washington, D.C.
PUB DATE Mar 80
CONTRACT 300-78-0427
NOTE 67p.; Some pages are marginally legible due to color of original. For related documents, see EC 132 479-483.

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Accessibility (for Disabled); Architecture; *Demonstration Programs; *Disabilities; Elementary Secondary Education; Handicap Identification; *Individualized Education Programs; *Mainstreaming; Parent Role; Program Development; Student Evaluation; *Student Placement

ABSTRACT

The fourth in a series from a study of least restrictive environment (LRE) placement for handicapped students identifies exemplary practices useful in arriving at LRE placements. Analysis of state documents and observations of 134 placement team meetings held in five states were carried out. Noteworthy approaches are summarized for five classifications: identification and evaluation (including public awareness, screening, communication, and documentation); placement decision making (including placement team meetings, information sharing, and the individualized education program); parent/student involvement; review and evaluation; program and individual services; and architecture. Within each topic, sample forms, guidelines, and descriptions are included. (CL)

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ED199980

Prepared for:

DHEW/Office of Education
Bureau of Education for the Handicapped
Under Contract No. 300-78-0427

Prepared by:

APPLIED MANAGEMENT SCIENCES, INC.
962 Wayne Avenue
Silver Spring, Maryland 20910

Authors:

SUZANNE THOUVENELLE
LOIS MADER
JOHN RADER

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STUDY OF PROCEDURES FOR DETERMINING THE LEAST RESTRICTIVE ENVIRONMENT (LRE) PLACEMENT OF HANDICAPPED CHILDREN

FINAL REPORT
ACTIVITY 4: PROMISING STRATEGIES FOR DETERMINING THE EDUCATIONAL PLACEMENT OF HANDICAPPED CHILDREN

March 1980

EC132482

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I. INTRODUCTION

This report represents the final component of the Study for Determining the Least Restrictive Environment (LRE) Placement of Handicapped Children: "Promising Strategies" useful in identifying LRE appropriate placements for handicapped students. The P.L. 94-142 regulations stipulate certain procedures that Local and State Education Agencies must minimally establish for implementing the Act. These procedures might be designated as "critical" to the assurance that placement in the LRE appropriate setting is made. This study identifies some promising strategies in implementing the procedures critical to five areas: Identification and Evaluation (including public awareness, referral and screening, communication and documentation); Placement Decision Making (Eligibility, the Planning Team Meetings, and Individual Educational Plan Meetings); Parent/Student Involvement; Review and Reevaluation; and Program and Individual Services (the continuum and related services).

This report is organized to present the methodology used in identifying promising strategies in Section II. The five critical procedural areas are discussed individually in Section III - VII. Reports and observations from field staff indicated an additional area which appeared to effect the placement of handicapped students in LRE appropriate settings. This was primarily the physical environment and set up of the classroom and/or building. Section VIII, Architecture, details

specific examples of modifications or adaptations which were observed within study sites. Finally, Section IX includes a summary of the strategies and factors operating within districts.

Inherent in implementing any law as comprehensive and complex as P.L. 94-142 are problems unique to individual school district circumstances which give rise to many issues and some answers. It is the intent of this report to identify the workable solutions or answers to the issues involved in the critical procedures as found operating in the 15 districts and within the 5 states which participated in the study. Some of the "solutions" or "promising strategies" may serve as examples of adaptations which facilitated specific aspects of LRE placement determination. Practices that go beyond those mandated are also noted. Almost every district in the study had notable procedures. Although these procedures were, for the most part, unique to each specific setting and the personnel involved, this does not automatically make a noted practice in one district inapplicable within another district. It is important to recognize that these adaptations evolved within districts with highly individualistic circumstances and as such the wholesale application of a successful approach to another district with a different set of circumstances may not result in solutions which are as effective. Additionally, specific operational steps or procedures extracted from a given practice may not be effective in facilitating the education of handicapped children. Operational steps are described to give the reader an idea of the methods different districts used in actual implementation of a given practice.

The presentation will rely primarily on descriptive techniques: problem identification within each critical procedure and the solutions adopted that were particularly noteworthy; examples of documents facilitating procedures; references to particular cases revealing creative - problem solving. A "promising strategy" is defined then as an activity, a practice or established procedure which has one or more of the following characteristics:

1. goes above and beyond mandates of P.L. 94-142;

2. evidences creative problem solving;
3. illustrates ideas or solutions to areas of BEH concern.

Because of the difficulty in identifying discrete "problems" to be addressed, the following discussion does not follow a strict "problem" and "solutions" format. Rather, the discussion focuses primarily on issues or possible constraining factors and the resulting approaches developed by the districts to meet the challenges of those potentially constraining factors.

II. METHODOLOGY

The primary approach was to examine the sampled State and district reports and documents; and the data collected through on-site observations of Placement Team meetings. The sample consisted of five States which were selected to maximize variability on such factors as geographic location, population, decentralization and special education funding formula.

Within each State, three districts of varying size were chosen by virtue of expected diversity in the quality of placement procedures. Within each district Placement Team meetings were observed as part of gathering total case study information. The numbers of case studies followed corresponded in ratio to the size of the district. Samples of four different types of cases were obtained: Scheduled Reevaluation; Reevaluation for Change in Placement; Initial Referral; and Annual Review. In all, 134 meetings and 96 cases were observed.

As part of the observation system, field staff recorded, at each planning team meeting, any procedures signified as noteworthy approaches. Noteworthy approaches were defined as practices which were:

- unusual
- well-received by the group
- facilitated the exchange of information and decision-making
- provided for a less restrictive placement
- thoroughly involved parents in the process
- evidenced creative problem solving.

Follow-up interviews were conducted with participants to verify or clarify information which had been presented during the discussion. In addition, each field team made daily records in a log citing specific examples of interesting problems and solutions arising within the districts.

Thus, the analysis of State policies and of the local agency data collection yielded a rich harvest of information from which promising practices could be extracted and examined in terms of the critical procedures set forth in P.L. 94-142 (as listed in the Introduction).

A synthesis of this information follows with specific examples presented in the form of promising practices or strategies to the critical procedures used serving the handicapped in the most appropriate, least restrictive environment.

III. IDENTIFICATION AND EVALUATION

Identifying "all children who are handicapped, regardless of the severity of their handicap and who are in need of special education and related services" can be considered as the first critical procedure to ensure the implementation of an LRE appropriate education. As part of this identification procedure States and local districts have devised a variety of means to insure public awareness, identification of handicaps through screening and referral and effective communication with adequate documentation. Once the handicapped child has been tentatively identified, the educational and diagnostic evaluation used to determine formal eligibility must take into account the P.L. 94-142 requirements for non-discriminatory assessment and multidisciplinary evaluation techniques. The following discussion illustrates some of the noteworthy approaches adopted by the districts participating in our study.

Identification

The tentative identification of handicapped children usually involves building public awareness, establishing a systematic screening program with formal referral procedures, and also developing communication procedures to facilitate the entire process. All of these procedures and efforts must be properly implemented to ensure that the forthcoming

evaluation resources are meaningfully utilized. A high referral rate of false positives (that is, children who would not prove to be eligible for special education and related services) would undesirably overburden the available evaluation resources. Conversely, an extremely high accuracy rate may suggest that too few handicapped children are referred as a result of the process of screening.

Public Awareness. The functions of increasing public awareness are multiple. In part it is to increase sensitivity to the identifiable characteristics of the handicapped, and thus to ensure the provision of services to previously unidentified children. Also, in part, it is to enhance the willingness of the public to become more involved in supporting the concept of special education services for handicapped learners. Although P.L. 94-142 does not mandate specific methods to sensitize the public, most districts recognized the necessity for reaching out to the public in general, and more specifically to other human service agencies within the community in order to obtain assistance in locating unserved children with handicaps. As a result several public awareness programs have emerged.

Most districts conduct on-going programs to inform the public through newspapers, television, radio, newsletters, and toll-free telephone numbers. One state in our sample established special target populations for inclusion in its yearly planning activities. All of the organizations which represent special education administrators, teachers and supporting personnel, parents of handicapped, and the handicapped themselves were involved in the dissemination and information-activities. Using all major media resources in the state, public announcements were made and public hearings were held on a time schedule which was state-wide, and which targeted a special handicapped population. This effort seemed to provide considerable in-depth information about a specific handicapping condition, rather than more general information about handicapped children.

Another state purchased four T.V. films to increase public awareness of its available programs and to aid local districts in Child Find

activities. Although this state is composed primarily of rural or "hard-to-reach" areas, they were able to coordinate the broadcast of the films with special displays at local shopping areas consisting of information on early warning signals, identifying characteristics, and sources for assistance. Local districts enhanced their Child Find activities in this state, by providing an extra "push" for several days each year with announcements and personal canvassing of the district. They also conducted local radio and television interviews. Another district provided group training sessions for parents covering the implications of P.L. 94-142, and the role of parents in the identification, evaluation and placement process.

Referral and Screening. A second major aspect in the critical procedure of identification, location and evaluation is the implementation of formal referral procedures and the development of specific screening techniques.

An efficient system for the identification of handicapped children will require extensive coordination efforts among all human service agencies. One of the states in our study began to implement an interagency referral system in 1977 which consisted of all state agencies and associations, and which has now grown to include several other human service agencies. The system know as "CATCH" (Census of Adolescents and Tracking of Children with Handicaps) was developed by a committee composed of representatives from each state agency/association serving the handicapped. Through this comprehensive referral system, the CATCH booklet, referral forms, and response forms are disseminated to all participating agencies. In this way suspected unserved handicapped children from 0-21 years of age can be referred to an appropriate agency or school district for evaluation and eligibility determination. The referral is then monitored by the state's Office of Programs for the Handicapped until the child is placed in an appropriate special education program. All of the 18 agencies/associations involved furnish data to the Office of Programs for the Handicapped which is used for future program planning.

In contrast to such a comprehensive and well coordinated system, however, one small, predominately rural district, utilized a much more informal approach. Because of extensive decentralization of authority and responsibility to building principals, the referral and screening procedures were highly individualized. Children residing within the attendance area of a given school building served as the primary target of screening programs and the referral system operating in that building. Although this resulted in considerable variation in the approach and procedures utilized across schools, there was an unusually high degree of committment on the part of local school personnel to individually insure the necessary coordination. When children with potential handicaps were identified, the school staff made use of its own professional resources in adjusting current programs and/or in developing new programs of services for those children. The staff displayed consistent commitment to the concept of maintaining special education students within their home school. Cooperation and coordination among regular and special education teachers was encouraged and promoted within the bounds of this decentralized arrangement. Probably, this sense of commitment which fostered coordination and follow through is a result of the small school community atmosphere. Fortunately for this district, the state regulations permitted such decentralization, and even supported those programs with extensive assistance through inservice education.

One state in our study had established unusually short timelines to accommodate the referral and placement process: 25 days were allowed from referral to the determination of placement. Services must be delivered within 15 days of the placement decision. A key factor which appears to facilitate the time lines in this referral process is that referrals are initially specified according to four distinct types:

1. Referral of Students Suspected of Being Handicapped;
2. Referral for Educational and Behavioral Diagnosis;
3. Referral for Homebound or Hospitalized Services; and
4. Referral for Speech and Language Programs.

Exhibit 1 explains how these types of referrals are identified. The distinction between the first type of referral and the other three types is that the latter types of referrals do not require the formal involvement of a committee to determine eligibility for services. By making initial distinctions in the types of referrals the entire eligibility and placement process (for special education) can be accelerated. By classifying referrals in this way students who are in need of educational, social or psychological services to augment the regular education program can receive such services without the need to be eligible under a specific handicapping condition. This avoids the often lengthy process of formal assessment, placement, and programming for specific types of cases. It should be noted that in the latter 3 types of referrals, if there is any indication that the student is handicapped (as defined in the Rules and Regulations), then educational planning and placement committee must also become a part of the placement process for that student. A related benefit of such a system is that all of the districts throughout the state operate with standardized procedures, the foundations of which are based specifically on the educational planning and placement committees in each district. The title, terminology, and functions of the committees are consistent across the districts in the State, and this greatly facilitates interdistrict transfers within the state.

Referral procedures appeared to be more effective when linked directly to screening. In a state already serving those handicapped individuals from birth to age 25, neo-natal units have been operating in certain hospitals. The hospitals have a systematic procedure for referring high-risk infants directly to the school system. This procedure greatly increases the possibility for early identification and intervention. In another local district Child Find activities focus on children from birth through three years of age. Children are screened by the "Steps-Up" program located at the monthly immunization clinics in each county and sponsored by the intermediate school district and the county health departments. Each child is checked for age-appropriate

EXHIBIT 1: STATE GUIDELINES FOR REFERRAL AND DIAGNOSIS

The rules for the implementation of mandatory special education provide for four distinct types of referrals.

1. Referral of Students Suspected of Being Handicapped

The law requires that a formal procedure be followed for persons suspected of being eligible as severely mentally impaired, trainable mentally impaired, educable mentally impaired, emotionally impaired, learning disabled, hearing impaired, visually impaired, physically and otherwise health impaired, or severely multiply impaired persons.

Following referral, an educational planning and placement committee meeting (EPPC), must be convened to determine the student's eligibility for special education programs or services.

2. Referral for Educational and Behavioral Diagnosis

Students who are exhibiting academic, social or behavioral problems may be referred to a school psychologist, school social worker or teacher consultant in order to provide information and support to the teacher and/or student. Students receiving these services do not require an EPPC. However, if there are indications that the student is handicapped, the school psychologist, school social worker and/or teacher consultant must request that an EPPC be convened. Support personnel are prepared to provide counseling to the student and parents, recommend instructional and behavioral management techniques, and help the teacher in resolving the student's problem(s).

Students who are referred to school psychologists, school social workers and/or teacher consultants but who are not suspected of being "handicapped" by definition (SEC. 252 b) need not be referred for an EPPC.

3. Referral for Homebound or Hospitalized Services

Students who are homebound or hospitalized due to illness, accident or injury should continue to receive instruction. Homebound and hospitalized services are available and reimbursed by special education funds for physically impaired students who cannot participate in a regular classroom program.

Homebound and hospitalized services are designed to provide an instructional delivery system only for students who cannot attend school because of a physical impairment and/or a health

problem. Students receiving homebound or hospitalized instruction on a short-term basis, and who are not thought to be physically or otherwise health impaired, are considered to be temporarily handicapped. As prescribed in R 340.1711 and R 340.1712, these students do not require an EPPC prior to the initiation of service. However, see Chapter XIV for P.L. 94-142 requirements.

Students who have a permanent disability or long-term illness or injury are considered to be physically and otherwise health impaired. After homebound or hospitalized services have been initiated, students who have a permanent disability or long-term illness or injury (R 340.1709) must be referred to an EPPC for the purpose of establishing realistic objectives and reevaluating the delivery system. These students may be recommended for additional special or general education support services, e.g. occupational therapy, speech, physical therapy, school social work.

4. Referral for Speech and Language Programs

Students who are suspected of having a speech and/or language impairment must be certified by a fully approved teacher of speech and language impaired who has earned a master's degree and has completed at least 5 years of successful teaching of the speech and language impaired. As prescribed in R 340.1710, students referred for speech and language services do not require an EPPC. However, it is the responsibility of the teacher of speech and language impaired to refer a student for further evaluation when there are indications that the pupil may have severe and/or additional impairment(s). Note: See Chapter IX for a discussion of the implication of P.L. 94-142 requirements.

development in gross and fine motor skills, language and cognitive areas, as well as for vision, hearing, head circumference, hip placement, and seizure history. If any possible problems are revealed, the Child Find coordinator arranges for the appropriate evaluation and referral to the nearest educational planning and placement committee. This is an arrangement which appears to have benefits even when problems do not surface until later in the child's life. At times in the placement team meetings observed during the field study, it appeared that lack of an adequate developmental history jeopardized to some extent the placement process and deliberations related to final placement decisions.

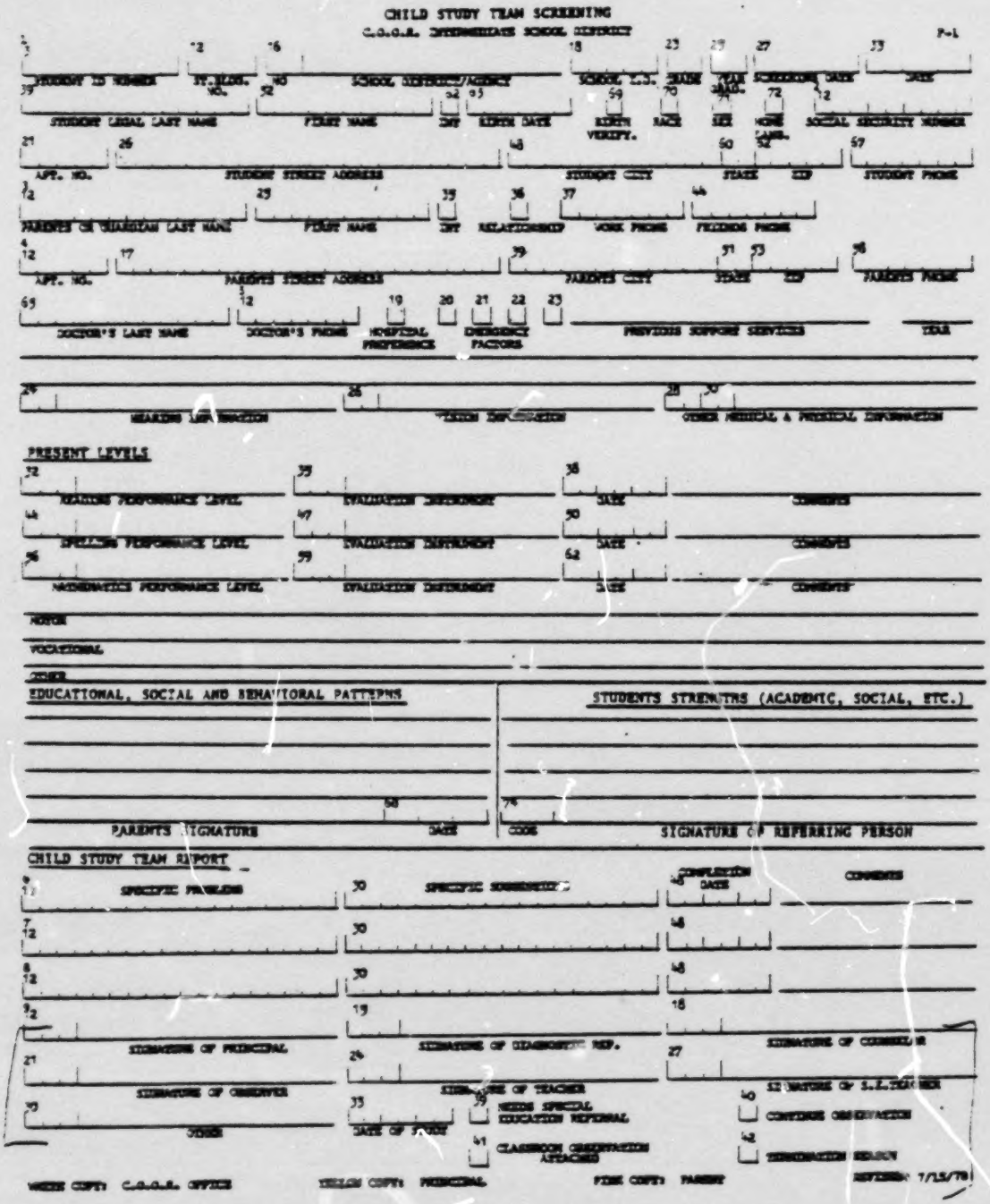
It was interesting to find that three of the five States and local education agencies used variations on the theme of a "screening team" meeting. In referring to the process by which students were identified for referral one district coined the phrase -- "Focus of Concern", which was later adopted by the State. Any identified, interested person could then submit a request form to identify a child as a "focus of concern" because of a suspected handicapping condition. When a "Focus" referral is received then a multidisciplinary screening team meets to determine whether or not the student is in need of a comprehensive assessment. These "team screening" meetings included parents as well as a cross section of assessment personnel. The meetings were essentially used to present a preliminary look at the students' performance and to determine (and document) the need for supplementary general education services or the need for further assessment. What is essential here is that this process permits careful consideration by a team with various types of expertise represented rather than by a single individual and thus is more likely to result in action based on accurate assessment of student's needs. Also, with this procedure it is possible to consider a variety of sources of assistance for dealing with learning problems - not just special education services. Exhibit 2, a sample document of a "Child Study Team Screening", illustrates the types of personnel who would be involved, and the information which one district required as part of their referral/screening process.

All five of the states in our sample required that the local districts develop and utilize identification and screening procedures for all school age students. These procedures include consideration of academic progress, visual, hearing, communication, emotional and psychomotor problems and reading skills. Since local districts were given broad guidelines by States relative to the implementation of this mandate, there was a wide variety of screening instruments which were available. They varied from sophisticated state-wide screening systems to locally used informal checklists. One state required that each district develop and utilize a Continuous Uniform Evaluation System (CUES) in the areas of reading, writing and computational skills. In response to this requirement one district devised an elaborate reporting protocol for primary through high school grades that was sent to parents at the end of each school year. This reporting protocol not only served to inform the parent of student progress, but also to identify and track academic areas for possible problems. Another district in this same state created an informal screening instrument for possible emotional problems which was used prior to initiating a referral. They also devised a checklist to determine the presence of possible visual impairment. Such "home-made" creations served to assist the teacher in making an appropriate referral, a practice also seen in other districts.

Communication and Documentation. The third major aspect in the critical procedure of identification is the way in which communication is conducted and documented among districts, parents, and relevant agencies.

Initial contacts with parents via letters which advise of intent to evaluate and gain consent often come as a surprise to the parent, and sometimes result in confusion or anger. Two districts have alleviated much of the possible confusion with the use of "An Open Letter to Parents" (Exhibit 3) which clearly defines the variety of methods used to study a child's situation. This letter routinely accompanies the request for permission to evaluate and may even be distributed occasionally to all parents (for information purposes).

EXHIBIT 2: CHILD STUDY TEAM SCREENING FORM



Follow-up letters pertaining to the actual placement recommendation were frequently extended to parents both for documentation purposes and for information purposes. After eligibility and placement were determined by the multidisciplinary team, parents of children who were placed in special education received written notice and were asked for signed consent if this was an initial placement in special education. This letter generally contained: a listing of factors considered in formulating the recommendations; a listing of options considered and reasons for their rejections; and a clause for parents to claim, if applicable, that they did not understand. Two small districts used this procedure for the dual purposes of communicating and documenting case study information. The practice of listing all options which were considered is particularly interesting, as this consideration was rarely in evidence in the actual placement meetings which we observed.

Almost all districts relied upon "checklists" enumerating the procedures necessary from referral to placement. One medium sized district appeared to have developed a very efficient system in communicating and documenting the entire referral and placement procedure. The district had one particular resource that differed from other districts in that it was able to draw many of its personnel (usually part-time employees) from a nearby university. Although the extent to which this affected their procedures is difficult to judge, it was frequently noted by the field staff that district personnel (both in regular and special education) were especially impressive in their consistent capability for effectively budgeting their time. As part of this system a "Compliance Coordinator" was designated to work with a case manager. Both were half-time positions but permitted coordination functions to be effectively carried out. The essential point of interest here is the role played by the "Compliance Coordinator". This individual's responsibilities insure quality control by:

1. reviewing each case in regard to eligibility criteria and compliance with state and federal regulations;

EXHIBIT 3: PARENT COMMUNICATION

AN OPEN LETTER TO PARENTS

THE NATURE OF AN EDUCATIONAL EVALUATION

At one time or another as many as one out of four pupils seems unable to profit from classroom experiences. In an effort to learn more about such situations, a school may call upon the services of a school psychologist, speech/language clinician, special education teachers, or the school nurse. The information which follows may answer some of the questions you have regarding an educational study.

A variety of methods is used to study a situation. These can be briefly described as follows:

1. Classroom observations may be made in order to see how the student gets along with his teacher and other students, how he studies, and what things in the classroom may interfere with or upset his/her learning.

2. Interviews with you, your child, the teacher(s) and others who know your child in school may take place to obtain information about the school problem(s).

3. Academic aptitude tests may be given to obtain information about how well your child figures out school-type problems, remembers new things he/she has just seen or heard, uses language, makes good judgments, figures out why certain things happen, and what kind of good ideas he/she has. These tests are often called "intelligence" tests and can provide one indication of how well your child can master school-type tasks at the time the test is given.

4. Academic achievement tests may be given to find out how well your child has learned basic school skills such as reading, spelling, and arithmetic.

5. A vision and hearing examination will be conducted by the school nurse.

6. Perceptual tests may be given to find out how well your child uses his/her vision and to find out how well coordinated he/she is (for example, in writing, drawing and copying.) To see well does not necessarily mean looking accurately; to hear well does not necessarily mean listening accurately.

7. Tests of communication may be given. In order to understand and be understood in the classroom, a student must use language effectively.

8. Informal methods may be used which require no testing but still give information about your child's likes and dislikes, interest or lack of interest in school, need or lack of need for friends. Such information provides us with questions to ask during conferences with parents, teachers, and others.

After information has been collected, the school personnel attempts to interpret the information that has been gathered. Various plans are then explored in terms of services available in the school and in the community. The information, interpretation, and planning is then presented for examination by both you and the school through conferences.

The results of the total study are usually summarized briefly in a written report. This report is kept in confidential files. If you so desire, a copy of the report can be sent to professionals in the community.

If you have unanswered questions or concerns about the nature of these procedures, please contact your principal.

2. assuring that all reports are present and in order and give feedback to the case manager as to what is sufficient and what information needs are still lacking;
3. sending written notifications to parent or adult student; and
4. checking to see that arrangements for related services and provisions for transportation are in order.

Thus the "Compliance Coordinator" does not look at the placement per se, but is concerned that procedures are in order. This is facilitated by the use of a sectioned folder on each child with color coded paper for the different reports filed in the appropriate sections. Exhibit 4, "Organization and Content of Special Education Folder," illustrates this district's effort to facilitate communication and documentation. Note the reference to a "log sheet" which indicates provision for signing the folder in and out -- an administrative feature which was not in evidence in any other district in the study sample.

Another district used a computerized system for keeping track of student status -- need for reassessment, need for individual program plan, and other various kinds of information. They also provided a narrative handout describing the special education classes at each participating school.

Finally, Exhibit 5 (Sequence for Referral, Assessment and Individual Education Program Development for Handicapped and Suspected Handicapped Students) illustrates a comprehensive and well coordinated documentation of referral and placement activities. The packet was conceived, field tested for one year, and developed by a large urban district. The steps listed are clear and concise, they follow a natural sequence, and they are accompanied by directions on the back of each step. The face sheet also serves as a check sheet as the student progresses through the referral process. Ultimately, when the steps are completed and recorded, the result is a small packet of data containing all the essential elements pertaining to the needs of the student and the necessary services to be provided.

EXHIBIT 4: ORGANIZATION AND CONTENT OF SPECIAL EDUCATION FOLDER

I. Referral Section (top to bottom)

Monitoring Worksheet
Focus of Concern
Permission for Assessment
Consent for Mutual Exchange of Information
Due Process

These should be ordered with the most recent sets on top. There should always be a focus and a permission for assessment in each set.

II. Assessment Data Section

This section will contain all available assessment data on the child that qualifies him for placement in program. Assessment data ordered from top to bottom, the top being the most recent assessment. Each old assessment is tagged and dated. Current assessment data may include information during the last year as summarized under formative data.

Order of assessment data:

Assessment
Scholastic
Adjustment
Physical
Hearing
Speech & Language
Team Written Report
Summary (Summative Analysis)
Eligibility Page
Approval for placement

III. Placement Section

Under the placement section we will only file the current I.E.P. and evidence of parent contacts if the IEP is unsigned.

The I.E.P. should include:

1. Summaries of performance
2. Goals
3. Objectives
4. Service Schedule and Signature page signed by the parent.

Also in this section could be a Parent Notification of Proposed Action; the cooperative district contract agreement also is filed here if applicable.

IV. Chronological Data

Information is filed from oldest on the bottom to most recent on top. Examples of information filed here:

Any new information not yet included in current assessment
PT Focus of concern
PT reports
Correspondence
Old monitoring worksheet

EXHIBIT 4: ORGANIZATION AND CONTENT OF SPECIAL EDUCATION FOLDER
(Continued)

V. Placement History

In this section we place all of the old:

I.E.P's as they become obsolete
Placement permission forms
Parent Notification of Change in Student Status
Application for Diagnostic Placement Forms

VI. Log Page

Log sheet
Review/Transmittal sheet

EXHIBIT 5: SEQUENCE FOR REFERRAL, ASSESSMENT AND INDIVIDUAL EDUCATION PROGRAM DEVELOPMENT FOR HANDICAPPED AND SUSPECTED HANDICAPPED STUDENTS

Pupil Personnel Services

SEQUENCE FOR REFERRAL, ASSESSMENT AND INDIVIDUAL EDUCATION PROGRAM DEVELOPMENT FOR HANDICAPPED AND SUSPECTED HANDICAPPED STUDENTS

Student _____

Birthdate _____

Student Number _____

All steps listed require documentation with signature and/or data

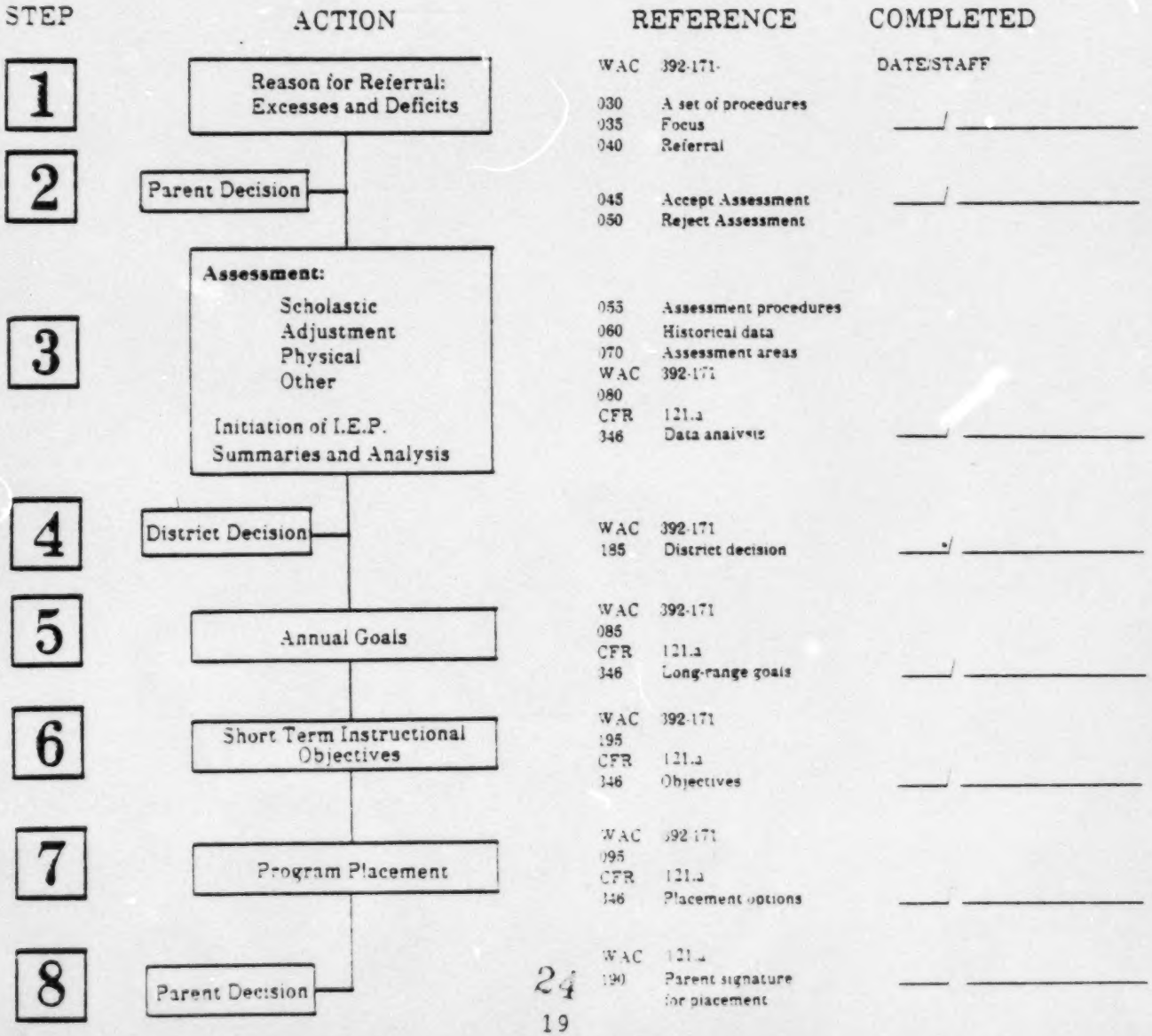


EXHIBIT 5: SEQUENCE FOR REFERRAL, ASSESSMENT AND INDIVIDUAL EDUCATION PROGRAM DEVELOPMENT FOR HANDICAPPED AND SUSPECTED HANDICAPPED STUDENTS (Continued)

Pupil Personnel Services

STEP 1 REFERRAL FOR EDUCATIONAL PLANNING

Pupil	Birthdate	Sex	School	Grade	Student No.

Parents	Address	Telephone No.

Part I **Reason for Referral:** (Give brief description of presenting problem:

Academic:

Social/Emotional:

Physical:

What resources and alternatives have already been provided?

Referred by_____ **Date**_____ **Principal**_____ **Date**_____
(Signature)

Teacher_____ **Parents/Notified by**_____ **Date** _____

Part II

Is student in need of further assessment? Yes___ No___ **If no, explain in Comments.**

If No, should student be considered for Special Education services? Yes___ No___

Individual making the decision_____ **Date** _____
(Signature)

Assessments needed:

Child Study ___	Physical ___	OT ___
Social Work ___	Hearing ___	PT ___
Academic ___	Vision ___	Other _____
Language, Speech & Hearing (CDS) ___	Neuro-Skeletal ___	_____

Person to obtain parent permission for assessment _____

Further assessments cannot be initiated without obtaining parent written permission. STEP 2.

Comments:

EXHIBIT 5: SEQUENCE FOR REFERRAL, ASSESSMENT AND INDIVIDUAL EDUCATION PROGRAM DEVELOPMENT FOR HANDICAPPED AND SUSPECTED HANDICAPPED STUDENTS (Continued)

Pupil Personnel Services

PARENT PERMISSION FOR ASSESSMENT AND EDUCATIONAL PLANNING

STEP 2

Dear Parent:

Your child,_____, b.d. _____enrolled at _____School

has been referred to Pupil Personnel Services by _____in an effort to improve his/her educational program.

It has been recommended that assessments be made in the academic and/or behavioral areas. Assessments will include, but may not be limited to the student's scholastic, physical, and adjustment status. Assessment staff may include, but may not be limited to, the Speech Therapist, Social Worker, Psychologist, Audiologist, School Nurse, Occupational Therapist, Physical Therapist, Counselor, Reading (Resource) Teacher, Principal.

We are pleased to be able to make these services available for your child.

Your signature also acknowledges that you have received written information relating to Special Education interpreted in your native language. This is an important source of legal information outlining your rights of due process, and by receiving this information you have been notified of those rights.

It is the policy of the school district to involve the parents in any action of this nature. Further, we want you to know that State school rules and regulations give you the right to accept or reject these services.

If you approve, the assessment results and recommendations for educational planning will be shared with you within 30 school days of the return of this form (or by the date mutually agreed to). Other results will be shared as they become available.

Comments _____

_____

_____

_____

Parent/Guardian (or Adult Student) **APPROVAL** _____ Date: _____
(Signature)

Parent/Guardian (or Adult Student) **REJECTION** _____ Date: _____
(Signature)

EXHIBIT 5: SEQUENCE FOR REFERRAL, ASSESSMENT AND INDIVIDUAL EDUCATION PROGRAM DEVELOPMENT FOR HANDICAPPED AND SUSPECTED HANDICAPPED STUDENTS (Continued)

Pupil Personnel Services

Student's Name _____ **Birthdate** _____ **School** _____ **Grade** _____

STEP 3i

ASSESSMENT PROCEDURES

INVOLVEMENT WITH COMMUNITY AGENCIES AND OTHER SCHOOL DISTRICTS

1. _____ **Dates:** _____
2. _____ **Dates:** _____
3. _____ **Dates:** _____
4. _____ **Dates:** _____

SUMMARY OF ASSESSMENTS

I. SCHOLASTIC

A. **Intellectual** **Reviewed, but apparently not a contributing problem** _____
Separate report available Yes____ No____

Test	Date	Verbal	Perform	FS	CA	MA	IQ

Summary:

By: _____ **Date:** _____

B. **Academic** **Reviewed, but apparently not a contributing problem** _____
Separate report available Yes____ No____

	Test	Date	Grade Equivalent by CA	Results (Grade Level)	Grades/Years of Excess	Deficit
Reading						
Spelling						
Math						

Summary:

By: _____ **Date:** _____

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Continue **Step 3i**

EXHIBIT 5: SEQUENCE FOR REFERRAL, ASSESSMENT AND INDIVIDUAL EDUCATION PROGRAM DEVELOPMENT FOR HANDICAPPED AND SUSPECTED HANDICAPPED STUDENTS (Continued)

Pupil Personnel Services

Student's Name_____ **Birthdate**_____ **School**_____ **Grade** _____

STEP 3 1 (cont.)

C. Language and Communication — Reviewed, but apparently not a contributing problem_____
Separate report available Yes_____ No _____

	Test	Date	Results	Yrs.-Mos./ % Excess	Deficit
Language Development					
Language Development					
Speech Production					
Speech Production					
Auditory Functioning					
Other					

Summary:

By:_____ Date:_____

II. ADJUSTMENT

A. Social: Problem - Mild_____ Mod*_____ Severe*_____ Reviewed, but apparently not a contributing problem_____
Methods or instrument used:
Separate report available: Yes_____ No _____

By:_____ Date:_____

*If checked, must be assessed by a Social Worker, Psychologist, or Counselor.

B. Emotional: Problem - Mild____ Mod*____ Severe*_____ Reviewed, but apparently not a contributing problem_____
Methods or instrument used:
Separate report available: Yes_____ No _____

By:_____ Date:_____

*If checked, must be assessed by Social Worker, Psychologist, or Counselor.

III. PHYSICAL

Reviewed, but apparently not a contributing problem_____
Separate report available Yes_____ No_____

Summary:

Vision (Snellen) R.___/20 L.___/20 Hearing Screening: With Normal Limits _____
See Attached Audiogram _____

Developmental History Available____Yes____No

Physician Completing Exam _____ Date of Exam _____

Physician Findings:

Current Nurse Assessment:

By:_____ 23 _____ Date:_____

Continue to STEP 3 2

EXHIBIT 5: SEQUENCE FOR REFERRAL AND INDIVIDUAL EDUCATION PROGRAM DEVELOPMENT FOR HANDICAPPED AND SUSPECTED HANDICAPPED STUDENTS (Continued)

PUPIL PERSONNEL SERVICES

ANALYSIS OF DATA

DATA DISPLAY

STEP 3 2

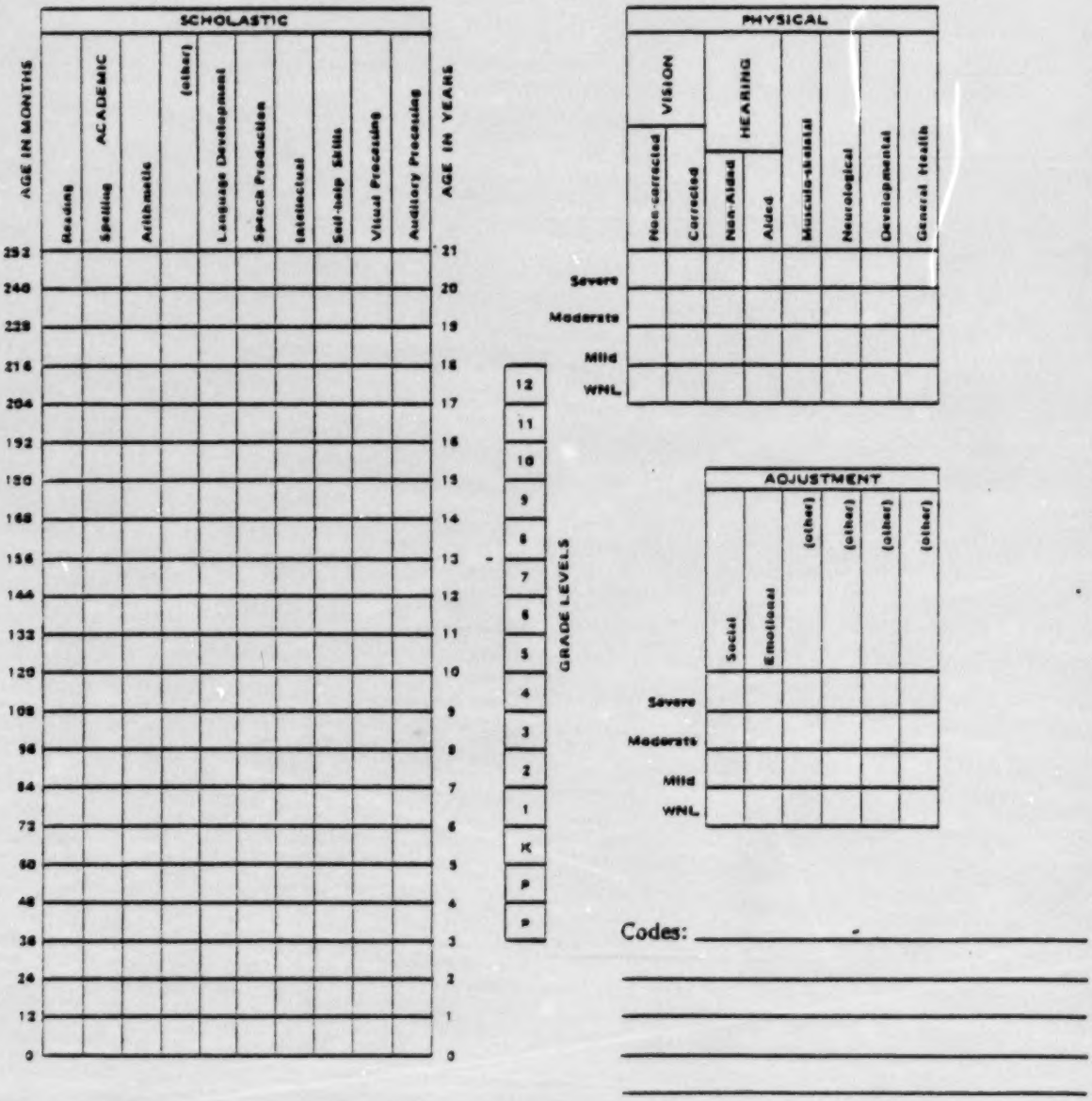
Name _____

School _____ Grade _____

Date _____ Yr. _____ Mo. _____ Day

B.D. _____ Yr. _____ Mo. _____ Day

C.A. _____



Codes: _____

_____

_____

_____

_____

_____

Continue

STEP 3 2

EXHIBIT 5: SEQUENCE FOR REFERRAL, ASSESSMENT AND INDIVIDUAL EDUCATION PROGRAM DEVELOPMENT FOR HANDICAPPED AND SUSPECTED HANDICAPPED STUDENTS (Continued)

Pupil Personnel Services

Student's Name _____ Birthdate _____ School _____ Grade _____

STEP 3₂

ANALYSIS OF DATA/ STATEMENT OF PRESENT LEVELS OF PERFORMANCE

WRITTEN ANALYSIS (SCHOLASTIC, ADJUSTMENT, PHYSICAL AREAS)

Summative Analysis (These data are comparisons to peers; standardized tests; and represent the student at a spot in time)

Scholastic: _____

_____

Adjustment: _____

_____

Physical: _____

_____

Formative Analysis (These data are change data; progress over a period of time; student compared only to self; test-retest data)

Scholastic: _____

_____

Adjustment: _____

_____

Physical: _____

_____

Summary Statement (This shall include excesses and deficits of current functionings in each area)

Scholastic: _____

_____

Adjustment: _____

_____

Physical: _____

_____

Summary written by _____ Date _____
(Signature)

EXHIBIT 5: SEQUENCE FOR REFERRAL, ASSESSMENT AND INDIVIDUAL EDUCATION PROGRAM DEVELOPMENT FOR HANDICAPPED AND SUSPECTED HANDICAPPED STUDENTS (Continued)

PUPIL PERSONNEL SERVICES

Student's Name _____ / _____
Birthdate

STEP 4

DISTRICT DECISION

Student Eligible for Excess Cost Program Yes_____ No _____

Funding Category _____ (As per WAC 392-171-125 to 180)

Program Administrator _____ Date_____
Signature(s)

STEP 5

ANNUAL GOALS

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

STEP 6

SHORT TERM INSTRUCTIONAL OBJECTIVES
(See Attached)

STEP 7

PROGRAM PLACEMENT

Programs Provided	Hours Per Week	Anticipated Start	Anticipated End
Regular (Inclusion)			
_____	_____	_____	_____
_____	_____	_____	_____
Special Education			
_____	_____	_____	_____
_____	_____	_____	_____
Support Services			
CDS	_____	_____	_____
SW	_____	_____	_____
CS	_____	_____	_____
OT	_____	_____	_____
PT	_____	_____	_____
Nurse	_____	_____	_____
Other	_____	_____	_____

To be coordinated with program administrators _____

School _____

Availability Confirmed _____

Transportation Confirmed ___

Authorized by _____
Date

Projected Review Date_____

IEP Participants

NAME	POSITION	NAME	POSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STEP 8

PARENT DECISION

My rights and responsibilities have been explained to me in a manner which I fully understand. I have had the opportunity to participate in the development of this individualized education program. I fully understand all programs and services listed above and give my permission for my child/ward to participate in these programs/services. I have been informed that the objectives listed above are initial objectives and that the person(s) responsible for implementing the objectives will revise and/or add objectives in keeping with the student's progress toward the stated goals.

Parent/Guardian APPROVAL _____ Date ____
Signature

Parent/Guardian REJECTION ___ 26 31 _____ Date ____
Signature

Evaluation

The basic evaluation requirements of the law specify that the evaluation materials be administered by trained personnel, that a battery of tests applicable to the handicapping condition be utilized, and that the evaluation is made by a multidisciplinary team. The resulting impact of this mandate is that the special education assessment staff in virtually every district has become overburdened, and there have been increased demands for more technical assistance involving regular education teachers. Aside from hiring additional personnel, sometimes on a temporary basis, districts have adapted to this requirement in a variety of ways.

One large school district's special education department organized 30 hours of inservice training workshops for selected teachers to enable them to establish an effective "Core Team" in their school. The school administrator participates by releasing certain teachers for the 30 hours of training, supporting the team process by meeting regularly with the team, assisting in scheduling a time for team meetings, and building support for the team among the school faculty. The teachers receive inservice education "credits" for certification renewal and the special education department provides follow-up consultation and classroom assistance. Exhibit 6 demonstrates this concept of the "Core Team", its purposes and functions.

A small district faced with the problem common to most--of being unable to secure technical assistance funding--used its own limited funds and combined with four other districts to purchase a "trainer." The "trainer" came to the district every week to conduct child assessments, to hold training sessions, and to assist in collecting case data. In another small rural district, the director of special education provides inservice training to <u>every</u> teacher in the district at the beginning of every year. Arrangements were also made for all special education teachers to have spare time for access to the special education director to discuss needs, concerns, and problems. They also used their allotted

time to develop and collect materials, or make home visits. Although, these attributes appear to be somewhat simplistic, they were, in fact secure, supportive services to this district's teachers.

One state conducted state-wide conferences twice yearly specifically designed for evaluation personnel--diagnosticians, psychologists, and special educators and, where feasible, psychiatrists. They also produced a series of video tapes enumerating the various mandated placement procedures and illustrating one version of a model multidisciplinary conference (utilizing role playing). The tape is distributed to districts around the state and is also used extensively in inservice training.

It was not unusual to find widespread concern among the regular education teachers regarding evaluation procedures. Concern among regular education teachers was expressed relative to the complex procedures and documentation required for determining eligibility and placement in special education programs. Coordination of assessment data across professionals from a variety of disciplines and the role of the regular education classroom teacher in this child evaluation process were also areas where teachers felt unsure. Some districts eased this concern by using case managers. One urban district developed a network of "supportive teachers" that serviced specific geographic areas and who became involved as soon as the referral was received at the area office. These "supportive teachers," formerly special education teachers, functioned as a pivot around which the evaluating team revolved. They were vital to all "staffings" held on a child because they served as chairperson and documenter and most importantly as a guidance source and monitor. These conferences were referred to as "staffings" because they brought the staff together in order to determine findings and recommendations. Having formerly been teachers, they were sensitive to and familiar with both the regular and special education personnel. Exhibit 7, "Staffing Conference Report I, II," indicates the kinds of meetings and personnel for which the "supportive teacher" was responsible.

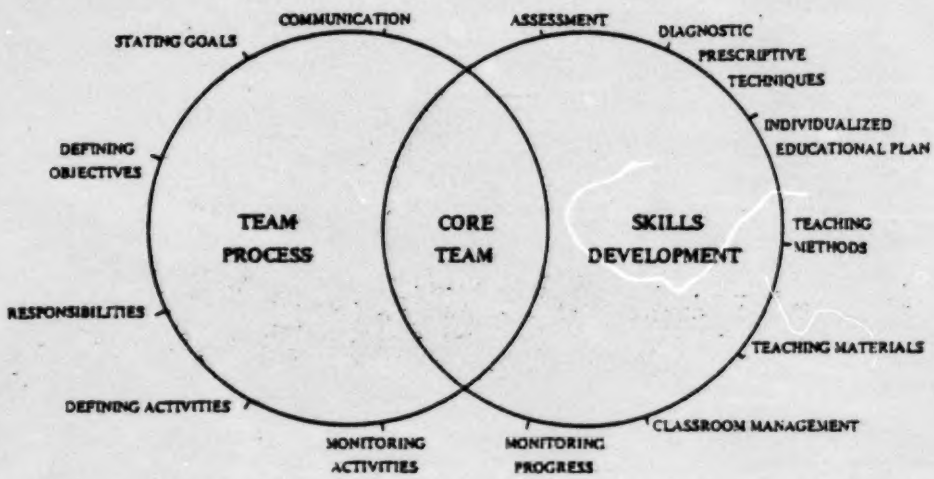
EXHIBIT 6: "CORE TEAM"

WHAT IS A CORE TEAM?

A Core Team is a group of special educators, regular teachers, and administrators who work together to reevaluate the educational objectives for students who are having learning difficulties. After pinpointing the learning problems, the Core Team involves parents and, when possible, the student in the development of an individualized educational program (IEP). The Core Team recommends the most effective teaching strategies, materials, and classroom management techniques which are needed to provide students an appropriate education in the least restrictive environment. The Core Team also utilizes the services of school psychologists and other support personnel as needed.

WHY HAVE A CORE TEAM?

In addition to meeting the requirements of PL 94-142, the Core Team establishes a team process for planning instruction to provide an appropriate education to students with handicaps or other learning difficulties. The Core Team training also enhances a teacher's diagnostic-prescriptive teaching skills.



WHAT TYPE OF TRAINING DOES THE DISTRICT CORE TEAM PROVIDE?

The thirty hours of inservice training is designed to refine teaching skills and develop a team process for working together.

Teaching Skills

Skills that are emphasized include training in the following areas:

- *Use of the diagnostic-prescriptive teaching process to plan instruction through:
  - –Assessment of students' educational needs
  - –Individualizing instruction
- *Classroom management techniques
- *Implementation of the IEP in special education and/or regular classes
- *Teaching strategies and materials appropriate for students with handicaps
- *Monitoring of student progress

Team Process

Each team learns to do the following:

- *Develop a delivery system to provide appropriate educational services for students
- *Identify and utilize the Team's individual and collective strengths
- *Share responsibility and plan together to meet individual needs
- *Monitor the Team's effectiveness
- *Respond to the consultation and training needs of other teachers

EXHIBIT 7a: STAFFING CONFERENCE REPORT I

STAFFING CONFERENCE REPORT I

Student Services

Matric _____
Birthdate _____
Ethnic Code _____
Date _____

Student _____ School _____ Grade _____ C.A. ___
Last First M.I.
Primary Language _____

STAFFING TEAM

School Principal _____
A.E. Teacher _____
Teacher _____
Psychologist _____
Social Worker _____
Speech Spec. _____
REASON FOR CONFERENCE

Supportive Teacher _____
Parent _____
Student _____
Counselor _____
Nurse _____
Interpreter _____
Other _____

Classroom Observation:

Health:

Vision: _____ R _____ L _____ B _____
(Date)
Hearing: _____
(Date)

Discussion:

Medication:

*Recommendations:

_____ Continue _____
_____ Add _____ Teacher _____
_____ Drop _____ Test _____
Review Date _____ IEP Due _____
Starting Date _____
Is Transportation Necessary _____ _____
yes no

*Justification for Recommendation:

EXHIBIT 7b: STAFFING CONFERENCE REPORT II

STAFFING CONFERENCE REPORT II

Student Services

Matric # _____
Birthdate _____
Ethnic Code _____
Date _____

Student _____ School _____ Grade _____ C.A. _____
Last First M.I.

Primary Language _____

ABILITY:

WISC-R ( )
I _____ PC _____
S _____ PA _____
A _____ BD _____
V _____ OA _____
C _____ CO _____
D _____
VS _____ PS _____ FS _____

McCarthy ( )
V _____
PP _____
Quan. _____
Mem. _____
Mot. _____
G.C. _____

Binet ( )
MA _____ IQ _____

S.I.T. ( ) _____

Other:

ACHIEVEMENT:

Classroom Performance Level
Reading _____
Math _____
Spelling _____

WRAT ( )
Rdg. Rec. _____
Spelling _____
Arith. _____

Other

PIAT ( )
M _____
RR _____
RC _____
SP _____
GI _____
TT _____

WOODCOCK ( )
LI _____
WI _____
WA _____
WC _____
PC _____
TT _____

KEY MATH ( )
Num. _____
Frac. _____
G & Sym. _____
Wrd Prob. _____
Miss Elem. _____
Money _____
Msrmt. _____
Time _____
Sub. _____
Div. _____
Mult. _____
M.Comp. _____
N.Reas. _____
Total Test _____

PROCESS:

ITPA ( ) $\bar{X}$ ____ CPLA ____

AR	_____	VC	_____
VR	_____	VE	_____
VM	_____	GC	_____
AA	_____	ME	_____
AM	_____	AC	_____
VA	_____	SB	_____

FROSTIG ( )
CA _____
E-H _____ PA _____
F-G _____
F-C _____
P-S _____
S-R _____

PPVT ( )
CA _____ MA _____ IQ _____

OTHER

DETROIT

PA	_____	O	_____
VA	_____	FA	_____
PO	_____	D	_____
VO	_____	NA	_____
MS	_____	SAB	_____
AAU	_____	VAL	_____
AAR	_____	DA	_____
OC	_____	OA	_____
SAA	_____	L&D	_____
VSO	_____		

Med. M.A. _____

Bender ( )

VMI ( )
CA _____ MA _____

★SUMMARY OF DIAGNOSIS:

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Statement of specific goals and instructional objectives based on current levels of performance needs.

An additional area of concern for regular education teachers was that of making appropriate referrals. This included recognizing children who might be eligible to receive special education services. In order to alleviate some of this concern, one district's plan had published "identifying behaviors" for each handicap and "Suggested Guidelines for Evaluations Related to Student's Age."

Another effect of the evaluation requirements was seen in the rise of regional diagnostic centers. More than half of the local districts had access to diagnostic centers working in cooperation with agencies and school personnel in determining special needs for physical, mental, emotional, or multiple disabilities. When a learning disability was in question, some of the potential receiving resource teachers made special efforts to take the child into the class for short periods as part of the diagnostic procedure. One district routinely used 30-day diagnostic placements in a designated learning center closest to the child's home when the child was new to the district (and had previous candidacy for special education); in cases of emergency/immediate placement; or when the diagnosis was especially difficult to make.

Since evaluations must be comprehensive and must include data from a variety of assessments, the placement team was often provided with excessive amounts of information. At times this amount of information was difficult to organize and integrate. In cases of initial referrals when assessments are most varied, some districts found it helpful to have the psychologist meet alone with the parents to share and explain the test results and test score information. Though this was often time-consuming, it also provided for a more efficient placement meeting. This practice was largely seen in the smaller districts.

Part of the evaluation procedure involves the parents' right to an independent evaluation at public expense. Usually, in their letter to the parents, most districts state: "Also, you have the right to obtain an independent evaluation at public expense if you desire." One district added, "... currently we know of no public agency other than the school

district that will conduct such an evaluation free of charge. Therefore, at your request the school district will assist you in securing an independent evaluation at district expense." ... a generous gesture to say the least.

IV. PLACEMENT DECISION MAKING

There are two formalized meetings at which placement determination and educational programming are typically discussed. The Placement Team (PT) meeting where such decisions are made can be conducted in a variety of ways, some of which may facilitate determination of an appropriate educational placement. The Individualized Educational Plan (IEP) meeting represents another meeting at which critical decisions are made. Decisions about a student's educational placement usually begin with consideration of eligibility for special education services. This discussion typically occurs at the PT meeting. Here discussions focus on the student's academic and social characteristics and move toward making a decision about the match of student characteristics with the eligibility criteria for a specific handicapping condition. Sometimes at this initial decision point it is difficult to accurately certify eligibility, and yet without meeting specific criteria a student is ineligible for services he/she often needs.

The placement and IEP meetings at the local district level can be conducted to facilitate the active involvement of all participants, including parents, in the decision-making process. The following section highlights local district practices which were developed in response to the mandate for participatory team decision-making relative to a student's educational placement and program. In addition, the problem of eligibility is discussed and several options for meeting this challenge are described.

Placement Team Meetings

In the course of the observations collected in the field study of placement team meetings, findings in regard to actual procedures were recorded and signified as noteworthy by virtue of characteristics that

were determined to be unusual practice; well-received by the group; facilitated information sharing and participatory decision-making; ensured LRE appropriate placement; or reflected creative problem-solving.

Almost all cases observed, from the simple to the complex, exhibited some or many of these characteristics. A most unusual practice which assisted in developing a mechanism for quality control was evident in a large, centralized district which routinely held "Area Staffings". These area level staffings were conducted after the school building staffings. The area staffings were typically chaired by the special education coordinator. The area placement team staff served as monitor of the placement procedure to ensure the documentation for eligibility and placement were complete. If everything was in order, the area level placement committee rubber-stamped the decision which was actually made at the school building level. If there were complications, e.g., not in agreement with the school level decision, the area staff special education coordinator, and the school building placement team would actively work together to develop a solution. Since this district tended to conduct more than one meeting concerning educational placement, the district liaison worked between the parent and the team.

Eligibility. A placement decision is largely constrained by the determination of eligibility for services linked to a "labeling" of a handicapping condition(s). All states in the sample used the eleven definitions of handicapping conditions as ordained in P.L. 94-142 (Sec. 121a 5), yet the eligibility criteria varied somewhat from state to state. Overall, the prevalent attitude of the placement teams was to flex the rules in order to obtain the needed services for the child. For example, in one case, efforts were made to re-classify a child as "physically or otherwise health impaired" when it was evident she no longer met criteria for "visually impaired." The "physically or otherwise health impaired" definition was more encompassing and allowed the child to be eligible for special education if the "physical impairment" (in this case colaboma) interfered with her learning.

One urban district designed its own criteria (not required by the State), for placement in "self-contained learning disabled" classes and for placement in self-contained "severe oral language" classes. This involved combining especially designed eligibility criteria for each specific placement. Obviously this was developed in response to certain handicapping conditions calling for certain types of service, so they combined the placement with the eligibility criteria. Both of these sets of criteria are illustrated in Exhibits 8, "Criteria for Placement in a Self-Contained Learning Disabilities Class"; and 9, "Procedures for Admission to Severe Oral Language Classes."

As previously mentioned these practices cannot be considered out of the context of the district situation in which they evolved. They cannot be considered piecemeal, and in fact, it is conceivable that specific procedures within a given practice may be questionable in terms of effect. (For example, Exhibit 9 includes a reference to a waiting list, which is inappropriate, and certainly cannot be identified as a promising strategy.) Interpretation of the appropriateness or inappropriateness of a stated district practice is admittedly rather subjective. In some cases what appear to be reasonable and practical suggestions may, if taken to extreme, actually become non-facilitating and inhibiting of the spirit and intent of P.L. 94-142. In such instances, they may actually have an adverse effect on implementation of free, appropriate public education for all handicapped children.

In another urban district two types of classroom placements were established for children with learning disabilities. For one type of placement students had to meet the State defined eligibility criteria and for these students the district was reimbursed by Federal and state funds. For the other learning disabilities placement the criteria for eligibility were less stringent and the program was totally supported by district funds. In this way the district was able to provide educational services to those students who would have been otherwise ineligible to receive such special help.

EXHIBIT 8: CRITERIA FOR PLACEMENT IN A SELF-CONTAINED LEARNING DISABILITIES CLASS

I. Definition

The child exhibits a significant discrepancy between intellectual potential and academic achievement. The specific learning disability may be manifested by a perceptual handicap or the inability to process auditory and/or visual information.

II. Ability

The child must show at least average potential in some areas. There may also be a discrepancy between verbal and performance areas or considerable subtest scatter.

III. Processing

The child must show strengths and weaknesses in process testing with significant deficits in more than one subtest. Deficits shown on testing should be supported by observation, informal assessment and/or parent or teacher input.

IV. Academics

The child should be 50% below expectation for ability and age in more than one academic area.

V. Factors to be considered

A. Can the child succeed in a less restrictive environment?
   1. Has he/she received LD/Resource support?
   2. Has an extended resource program been tried?
   3. Have available resources in regular curriculum been utilized?
      i.e. Reading Resource
      Volunteer Tutors
      Counseling and/or social work intervention
      Consultations
      Basic or skill building classes

B. Have exclusionary factors been eliminated as a primary cause of the learning problem?
      i.e. Environmental deprivation
      Significant cultural differences
      Mental retardation
      Emotional problems
      Slow learner
      Visual, hearing, speech or motor handicaps

C. Will the child benefit from this type of placement?
   1. Is the child lacking in motivation?
   2. Does the child have a negative attitude toward school and learning?
   3. Will his behavior interfere with his progress and/or the progress of others in the self-contained learning disability class?

EXHIBIT 9: PROCEDURES FOR ADMISSION TO SERVERE ORAL LANGUAGE CLASSES

I. A child considered to be a candidate for the S.O.L. classes may be referred by any one of the following:

1. psychologists
2. adaptive education supportive teachers
3. learning disabilities teacher
4. parent
5. etc.

II. All referrals should be initially made to the Supportive Teacher for Speech, Language and Hearing Services.

III. Referrals are then filtered to:

A. the audiologist for a hearing evaluation
B. the psychologist for an intellectual assessment
C. the Speech and Language Diagnostic Team

This team will be comprised of speech pathologists, who, as part of their responsibilities for the district, will administer the language diagnostic battery as needed.

IV. The diagnostic battery will cover the following language areas (suggested tests are listed under each area):

A. Syntax and Morphology
   1. Carrow Test of Auditory Comprehension of Language
   2. Carrow Elicited Language Inventory
   3. Developmental Sentence Scoring

B. Semantics
   1. Peabody Picture Vocabulary Test
   2. Boehm Test of Basic Concepts

C. Phonology
   1. Templin Darley Screening Test of Articulation

V. If the following criteria for the class are met, the child will be considered an appropriate candidate:

The child has a severe disability in the comprehension and/or expression of oral language. A child may be considered to have a severe oral language disorder when:

(A) The child shows normal intellectual potential as measured by instruments that do not require oral directions or oral expression.

EXHIBIT 9: PROCEDURES FOR ADMISSION TO SEVERE ORAL LANGUAGE CLASSES (Continued)

(B) The child's hearing is within normal limits or if a loss exists, it is not educationally significant.

(C) The child's score on a standardized measure of language functioning falls two standard deviations below the mean for the child's chronological age, except that any child between one standard deviation and two standard deviations below the mean may be designated as having a severe oral language handicap.

(D) The child is non-verbal or when a spontaneous language sample of at least 50 utterances can be obtained, the sample shows development judged clearly inadequate for the child's age in at least two of the following areas of language development: syntactic, semantic, morphologic, phonologic.

VI. Admittance to the class must be preceded by a staffing, attended by the following persons:

A. Speech Pathologist from the Speech and Language Diagnostic Team
B. Psychologist
C. Supportive Teacher for Speech, Language and Hearing
D. School Principal
E. S.O.L. Classroom Teacher
F. Parents
G. Other appropriate professionals

VII. Vacancies in the classroom will be filled by children on the waiting list. This list will be processed according to the date of referral.

VIII. Program Goals and Strategies:

The goals and strategies of school speech and language programs should be established to meet the varying communication needs and skills of individual pupils, should reflect comprehensive planning and should provide for the development of a continuum of services including appropriate procedures for early identification, diagnosis, consultation, referral, habilitation, instruction, and evaluation. The program goals and strategies should compliment those of the total program and reflect the programs growth potential.

A. Program Goal

A speech and language program shall have a primary goal of meeting the needs of each pupil developing maximum competence in communication.

Information Sharing. Although effective information sharing and team decision-making did not typify many of the placement meetings observed, several techniques were observed which did have a positive impact on exchange of information among participants. A clear, accurate, even-paced review of educational history including previous placement was a potent force in pictorializing the child's background, and in providing a common perspective for all placement meeting participants. This initial presentation of information usually set the tone of the meeting. When such a presentation was too rapid, or too brief, the team became susceptible to misinterpretations and would have to call for additional clarification throughout the course of the meeting. Most well-done reviews of educational history occurred in meetings regarding re-evaluations for change or where placement was an issue. More synthesized pictures were presented when the psychologist was able to relate and tie his/her findings with those of other diagnosticians on the team -- comparing and contrasting -- rather than allowing psychological data to stand alone.

Information exchange was facilitated by the availability of concrete examples. Having student records and test/assessment data and documents in addition to other important information like copies of reports or a videotape of the child's classroom behavior, assisted in equal access of all team members to the data available. For example, at an initial placement meeting a pre-school consultant gave the mother a developmental guide to help show what her child's test scores meant in relation to other children's development at the same age. In an annual review meeting of a seriously emotionally disturbed kindergartner, the teacher presented a tape recording of a "reading" of a pretend story to show the progress of the child, who rarely spoke. Finally, information-sharing and team decision-making were most effective when the present and potential receiving teachers were together on the team.

Aside from information sharing, the multidisciplinary placement team is charged with decision-making through consensus. This protects the student from possible indiscriminate or arbitrary placement based on one

person's decision. Another advantage of teaming is that problem-solving is more likely to be tackled in a creative way. Districts made some interesting adaptations to facilitate a student's placement in an environment which would best meet his/her academic and social needs. For example, in one case a blind student was assigned to a high school that had never before enrolled a blind student. The "mobility/orientation specialist" (this individual was an itinerant consultant who served district wide) was contacted to assist the student in learning about the layout of the school and how to change classes most easily. During discussions at the placement meeting it became evident that none of the teachers had ever had an opportunity to work with a blind student. It was then decided that the specialist might also provide inservice training on characteristics of visually impaired learners and strategies for teaching to all of the high school's teachers. This training would help teachers to better accommodate and relate to this student and other blind students likely to follow.

Other examples illustrate the creative solutions which have developed in order to assist students to function more effectively in LRE placements. In the case of an autistic child, a peer tutor program using regular education students was instituted in order to provide assistance to the child when she was integrated. One psychologist's concern about an obese child's social adjustment to a resource room where she would be the largest and oldest child in the room prompted a special plan. As part of the plan to improve her self-concept, the placement team decided to include the child in planning the transition to the new placement. Since she would be the oldest child in the resource room, they would encourage feelings of adequacy by making her an assistant for the younger children, not on the same par. In another instance, when there was the problem of a parent's resistance to a particular clinic, the decision was to pursue a "parent to parent contact", i.e., the parent was encouraged to contact a parent who had used the clinic previously with the outcome a sharing of experiences which helped overcome anxieties about the clinic. This contact would relieve the parent's insecurity about the nature and purpose of assessment procedures and the possible need for special services for the child. In a case where eligibility was playing a major

role, careful consideration was given to categorizing the child as "learning disabled" and not "speech impaired". The "learning disabled" label would qualify the child for speech therapy plus resource room services after reaching kindergarten. Since this was a pre-primary placement, the team was exercising foresight as the "speech impaired" label would only allow the child to receive speech therapy in kindergarten and would require a completely new re-evaluation to receive resource room services.

These noted findings serve to illustrate the positive powers of shared decision-making which placement team meetings can have.

Individual Education Program

All districts developed educational programs either during the placement decision-making meeting or more frequently after such a meeting. The writing of the IEP is a lengthy procedure and most districts found it could not be accomplished during the actual placement decision-making. One of the overall adaptations made to the requirements for the Individualized Educational Program was to view its development as a process. The current level of functioning and the long term objectives of the Individualized Educational Program were developed during the placement team meeting. The specific instructional objectives were usually developed by the teacher and not by the assessment personnel. These more specific aspects of the IEP, short term instructional objectives, were identified by the classroom teacher usually within two weeks after the placement meeting, since the child's new teacher usually wanted to have "hands on" experience with the child before prescribing specific short-term objectives. Districts adapted to this process by making a placement decision, and then within the following two weeks the receiving teacher met with other specialists and the parent to develop short-term objectives. Once these were developed the child entered the placement. In some cases where the child was new to the district or had been out of school for some time, a diagnostic placement was made. In this type of placement the primary purpose was to gather additional

information about the child's functional level and to "try out" the placement. If the diagnostic placement seemed appropriate, the remainder of the Individualized Educational Program would be developed. Other districts used what they called "temporary placements" while the educational program was evolving. These placements generally became the actual placement upon the completion of the Individualized Educational Program.

One IEP meeting illustrates the unusual in that it differed so from those in the sample, yet was quite usual for this school. Participants in this meeting included: the mother, the foster mother, foster care case worker, special education teacher, occupational, physical, and speech therapists. All of these individuals contributed to the development of the individual educational program for the child. The case worker was also to do a plan of annual goals individually with the foster mother. As part of working on the plan, there was a visit to the Occupational/Physical Therapy room to define and illustrate what the child would be doing. Certain equipment was also to be arranged for placement in the child's classroom and the case worker arranged to acquire some equipment for the foster home. The team worked well together and all suggestions were considered and incorporated into the educational program as appropriate.

The actual quality of the plan was largely determined by the arrangement of the districts' forms. One form used by a small district, part of which is presented as Exhibit 10, had a matrix for indicating additional services above and beyond the education needs of the child. Another adaptation was found in a large district's plan which included an annual goal checklist for basic skill needs which when coded was attached to each short-range objective (Exhibit 11). Similarly, in other districts the personnel responsible for writing the program found it helpful to refer to assessment inventories when formulating the Individualized Educational Plan.

EXHIBIT 10: EXAMPLE OF INDIVIDUAL EDUCATION PLAN INCORPORATING OTHER SERVICES

FULL EDUCATIONAL OPPORTUNITY GOALS:

The following are identified as additional program elements which would produce an ideal comprehensive education program. It should be recognized that those services and/or the extent of these services exceed that required for an "appropriate educational program." Provision of these services is subject to availability of sufficient special education funding.

Services Identified as Full Educational Opportunity Goals (Annual Hours)
AIDE
PSYCHOLOGIST
C D S
SOCIAL WORKER
COUNSELOR
OCCPATIONAL THERAPIST
PHYSICAL THERAPIST
PRE-VOCATIONAL
OTHER, (please specify)

EXHIBIT 11: CHECKLIST USED TO ASSIST IN INDIVIDUAL EDUCATION PLAN

Form 230-311-b
Rev. 1978

Individualized Education Program
Annual Goal Deficiency Areas Checklist*
Basic Skill Needs

000 Self Help Skills

- 010 Feeding/Eating/Drinking
- 020 Toileting
- 030 Grooming/Body Care
- 040 Dressing/Undressing
- 050 Mobility
- 060 Visual Efficiency

100 Communication Skills

- 110 Non-oral Language
  - 111 Speech Reading
  - 112 Finger Spelling
  - 113 Sign Language
  - 114 Typing & Braille Writing
  - 115 Adaptive Communication (Com. Boards)
  - 116 Body Language
- 120 Language Development
  - 121 Vocabulary
  - 122 Grammar
  - 123 Comprehension
  - 124 Association
- 130 Auditory and Visual Skills
  - 131 A. Auditory Memory
    B. Visual Memory
  - 132 A. Auditory Figure - Ground
    B. Visual Figure - Ground
  - 133 A. Auditory Imagery
    B. Visual Imagery
  - 134 A. Auditory Discrimination
    B. Visual Discrimination
  - 135 A. Auditory Motor
    B. Visual Motor
- 140 Written Language
  - 141 Handwriting
  - 142 Spelling
  - 143 Grammar

200 Perceptual Motor Coordination

- 210 Gross Motor
- 220 Fine Motor
- 230 Orientation
  - 231 Body Awareness
  - 232 Spatial
  - 233 Directionality
  - 234 Laterality
- 240 Wheel Chair Use

300 Reading

- 310 Readiness
  - 311 Visual
  - 312 Auditory
- 320 Decoding
  - 321 Phonetic Analysis
  - 322 Structural Analysis
  - 323 Sound/Symbol Relationship
  - 324 Sight Vocabulary
- 330 Oral Reading Skills
- 340 Vocabulary Development
- 350 Comprehension
- 360 Study Skills
  - 361 Dictionary Skills
  - 362 Utilizing Reference Materials
  - 363 Interpretation of Written Information
  - 364 Library Use
  - 365 Organizing Information
- 370 Practical Reading

400 Math

- 410 Math Readiness
- 420 Computation Skills
  - 421 Addition
  - 422 Subtraction
  - 423 Multiplication
  - 424 Division
  - 425 Fractions
  - 426 Decimals
  - 427 Percentages
  - 428 Geometry
- 430 Practical Math
  - 431 Telling Time
  - 432 Measurement
  - 433 Money

300 Personal Development

- 310 Physical Health
  - 311 Physical Fitness
  - 312 Nutrition
  - 313 Drug Education
  - 314 Knowledge of Body Systems
  - 315 Hygiene
- 320 Mental Health
  - 321 Expression of Emotions
  - 322 Decision Making
  - 323 Risk Taking
  - 324 Behaving Responsibly
  - 325 Problem Solving
  - 326 Self-Discipline
  - 327 Intra-Personal Adjustment
- 330 Self Concept
  - 331 Self-Acceptance/Physical Appearance
  - 332 Self-Confidence
  - 333 Needs and Interests
  - 334 Personal Values

600 Community Adjustment

- 610 Relations with Others
  - 611 Relations with Peers
  - 612 Relations with Adults
  - 613 Relations with Authorities
  - 614 Relations with Family
- 620 Social Skills
- 630 Preparation for Family Life
  - 631 Child Care
  - 632 Human Sexuality
  - 633 Family Interaction
- 640 Classroom Behavior
- 650 Safety
- 660 Recreation/Leisure Skills
- 670 Independent Living Skills
  - 671 Use of Public Transportation
  - 672 Use of Telephone
  - 673 Consumer Skills
  - 674 Housekeeping
  - 675 Other

700 Vocational and Career Development

- 710 Pre-Vocational
  - 711 Interviewing Techniques
  - 712 Types of Professions
  - 713 Applying for a Job
- 720 Career Development
  - 721 Specific Skills Training
  - 722 Career Knowledge
  - 723 Career Exploration
  - 724 Career Interests
  - 725 Career Aptitudes

800 Other

- 810
- 820
- 830
- 840
- 850

* Write the appropriate goal code(s) preceding each short-range objective

Student Name _____

School _____

On a final note, one district supported their teachers operating under the "demands of the plans" by providing either compensation time (5 days) or a substitute teacher during the plan development.

V. PARENT/STUDENT INVOLVEMENT

Written notice must be given to parents before the public agency proposes or refuses to initiate or change the identification, evaluation or educational placement. Twelve of the fifteen districts in the sample exceeded P.L. 94-142 requirements by ensuring that parent consent was obtained before any change in placement occurred. Typically the Act requires signed consent only for initial special education placements. One state requires written consent for continuation or change pursuant to review. The districts in that state made extensive efforts to reschedule meetings when parents failed to appear. The district never proceeded with placement unless parent attendance could be arranged. Other districts faced with the same problem would proceed with the meeting, decide the placement and seek written consent afterwards. When a parent was unable or unwilling to attend the IEP meeting, one state required home visits by a home-liaison specialist for the purpose of approving the individual education program. Many districts in this state used parent liaisons in the staffing meetings to provide data about family/home conditions. One district conducted individual conferences between parent and teacher twice a year in addition to the IEP meeting.

Efforts to thoroughly involve parents in the meeting abounded. Parent involvement did not seem to be the result of any notable district practice, but seemed to stem from the efforts of individual personnel. Overwhelmingly, the placement team participants displayed appropriate interaction with and sensitivity to the parent. Translators, videotapes of the child in the classroom, "round-robin" fashion of presenting information, willingness to listen to parents' personal difficulties related to having a handicapped child and to offer support and suggestions, and requests for parent contribution were frequent team attributes. Presentation of information was adapted to the parents'

ability to understand it. One psychologist had graphically illustrated with a bell curve where the student had scored on her IQ tests in an attempt to assist parents in understanding the implication of the test results. As long as parents comprehended the information, detailed testing information would be presented. It was a district procedure to automatically provide parents with a complete copy of the student's folder when they attended the placement team meeting. In this district parents were also given forms at the beginning of the meeting so that they could follow what was being documented by the chairperson. Most districts routinely provided parents with copies of the individual education plan whether requested or not. During meetings in one particular district, the special education supervisor encouraged both the parents and students to create and maintain their own folder. This suggestion was especially emphasized for parents with very young children who were just entering the special education system.

Local school systems in general were sensitive to the importance of parent involvement in the process of determining educational placement. For example, when one mother appeared at the district office the day before the meeting (by mistake), the director of special education made special effort to confer with her, knowing she had come a long way. One district pays for taxi transportation when necessary for parents to attend meetings. Another district arranges for parent transportation via a fleet of service vehicles operating under the auspices of the adaptive education center. There were impressive individual accommodations to some parents. One director of special education went to the home to remind the parent of a reevaluation meeting the next day and made arrangements for someone to bring her to the district office. When one mother did not appear at the reevaluation meeting involving an 18-year old student, the special ed director went to see her personally after the meeting. One placement meeting was held at the father's place of employment (a school where he taught). One special education supervisor transported a mother from her home to see the child's prospective program and then home again when quite a distance was involved. Although the

personal contact was most evident in the smaller districts, these contacts illustrate commitment to involving the parent, very often across the barriers of distance and time.

There were two outstanding similar cases where the actual class placement was at issue. These involved mentally retarded children. In each case the school personnel were concerned that the parents would prefer to have their children in with the higher functioning group. When the parents were given the opportunity to observe the classes and then included in the decision-making process, they chose the very same classes the placement team would have suggested. Their spontaneous decision was not prompted by school staff, but was based upon their own evaluation of the suggested placements and upon their own knowledge and realistic acceptance of how their children were functioning. Thus, parent involvement served as the determining factor in the final decision much to the delight of the special education staffs.

Several different approaches appeared to be successful in the area of student involvement. In the case of a Junior High School Learning Disabilities student the psychologist had a meeting with him to explain what the test scores meant and how his abilities affected his school work. In another instance, a 10 year-old mentally retarded student was asked to summarize the meeting to make sure she understood what was discussed. One meeting was interrupted for one-half hour while the attending psychiatrist left to talk with the student, inform her of the team's suggestions and receive feedback. The student was not able to be present at the meeting, yet she was indirectly included in the decision. In the case of an emotionally disturbed student being placed in a private school, the psychologist and intake social worker met with the student the day before, so they knew him personally. This enabled the student to be more comfortable about contributing at the meeting and also gave the psychologist and social worker data to help them draw the student into the discussions about placement.

All three districts in one state designate a professional staff to serve as "child advocate" for each case referred to special education. This individual attends all meetings and serves as the primary link between the school and the parent. The advocate is responsible for designing an educational program which will meet the child's needs. The advocate is the key person accountable to the parent and the school systems and is responsible for ensuring the child is enrolled in the selected placement within 15 days after the placement decision has been made. The advocate even arranges the bus transportation. The advocates are assigned by handicapping condition. If a child's handicapping category should change, then the advocate is changed accordingly, yet the previous advocate remains involved for a one year follow-up period, so in a sense, the child is assigned two advocates.

In most local education agencies the students were routinely encouraged to attend their planning and placement meetings at the junior and senior high school level. Below this level, children were rarely seen at meetings unless they were specifically being included in the decision. One state law mandated education for handicapped students through age 25. It was here that student participation became more active as the staff put more demands on students to express their feelings and desires for the future.

As a whole, the study revealed most parent groups to be in embryonic stages attached to the local parent-teacher group. Some states had parent advisory councils mentioned in their annual program plans, yet their functions were unclear. One district was very clear about their feeling that parent groups organized by buildings and not by handicapping condition were more effective. In this district, the parents were very supportive of the special education program. They attended all types of committee meetings, including that of the budget committee; they became active at the State level and became a part of the district's planning committee. The parent group was chartered so they could lobby. These parents were directly involved in bringing the special education programs into the district, and decided which services to bring in first.

The degree of parent involvement then was related to and reflected by the efforts of the school staff to encourage and accommodate them. Parents often attended meetings of all types -- referral, placement, review, reevaluation -- and were gradually making movement toward roles in participatory decision-making.

VI. REVIEW AND REEVALUATION

In one State all special education placements, including those in private schools, are made on a trial basis. The placement and educational development is reviewed by the chief administrative official of the school district, or most likely the designee (director of special education), once each semester and a copy of the results of the review is submitted to the parent or guardian.

In another practice, which exceeds the mandated requirements, all initial referrals have an eight-month review involving the parent. This review also includes an update of the individual educational plan.

One district had an interesting policy regarding reevaluation for change in placement. An additional formal assessment by a private evaluator was required if placement outside the district or in a private facility was being considered. This seemed largely due to the need to justify extra-district placement. This practice seemed most often used in cases involving the "seriously emotionally disturbed."

VII. PROGRAM AND INDIVIDUAL SERVICES

The continuum of alternative placements may be considered the backbone of a placement system which enables least restrictive environments to emerge and function. From this continuum, variations in programming and individual services have evolved in adaptation to State, district, school, and individual requirements and needs.

One of the issues which is a concern of primarily rural districts and is shared with districts in sparsely populated areas is that a full continuum of services for handicapped children is not always available.

Children with low incidence handicaps cannot always be placed in least restrictive environments because of the lack of availability of handicap specific programs. One small rural district decided to ease this problem by having four special education teachers gradually convert their self-contained classrooms into resource rooms. Thus, few children remained all day in a segregated classroom; most spent brief yet highly focused periods in special class, the remainder of the time with nonhandicapped peers. In this way more handicapped students could participate in the services available and spend time with their peers.

In many states teacher certification requirements are categorical in nature. That is, a teacher who is assigned to a Learning Disabilities classroom must be certified as a Learning Disabilities teacher. This certification requirement can limit the optimal use of teachers since children of one particular disability category cannot be enrolled in a class if that teacher isn't certified in that specific handicapping condition. In order to maximize the use of current staff, maintain flexibility of placement options, and to eliminate the need to have parallel continuum placements available for each handicapping condition, one district encouraged special education teachers to work for certification in more than one handicapping condition. A teacher with Learning Disabilities/Mental Retardation certification could operate a resource room which could accommodate both Learning Disabled and mentally retarded children.

A medium sized district decided to renovate their programming to more specifically meet students' needs which could not be met using the usual continuum. The program was redesigned and graphically illustrated on a wheel (See Exhibit 12). Some of the starred areas revolving about the wheel can be more clearly defined by the purposes they stress:

Educational Broker: matching of individual needs with community resources: this includes efforts to facilitate interagency coordination of services to the handicapped

Integrated Teaching with Regular Education: elimination of stigma by providing services to all students

Maximize Inter-Program Mobility: physical flexibility within schools, and within other districts

Behavior Specialist: motivation for "life"

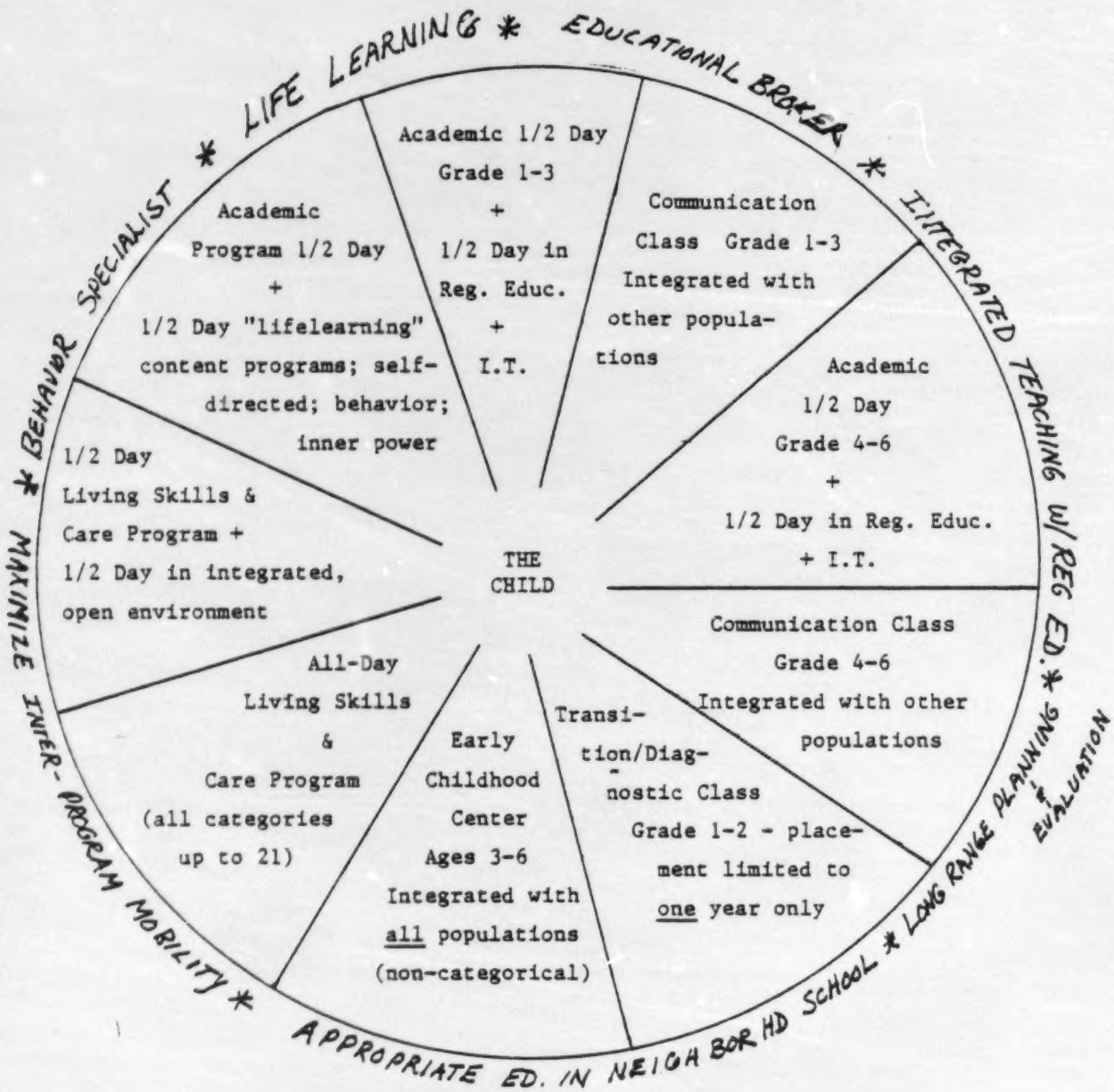
Life Learning: survival, independence, and sensory skills.

This "wheel of services" was developed by both the parents and district personnel. A survey involving teachers, psychologists, regular teachers and placement team members followed which collected the information on the numbers and names of the students and where they would fit on the "wheel." For any student who didn't fit, an explanation was to be given. This format, seen here as it was developed early in the spring, is presently in operation (probably in some revised form) on the district level for this 1979-80 school year.

An urban district faced with servicing emotionally impaired/behavior disordered students increased its variety of program alternatives by adding two types of classes to their continuum. Each type was notable for the kinds of services delivered, yet one was particularly interesting because of its methodology. This one was the self-contained placement for "emotionally handicapped/behavior disorder" category in COPES - Children Offered Positive Education and Support - serving young children (grades 1-3). The teacher was also a school psychologist and utilized methods that were also being evaluated, such as playing soft music while the students worked; desensitization exercises for relaxation; video taping often enough so that students became accustomed to the camera. These tapes were used both for student and parent purposes. This was a pilot program that succeeded so well the district decided not only that it continue, but also be made available to successive levels (i.e., grades 4-6).

The other classes were referred to as "Extended Resource." These classes served mostly adolescents under the "emotionally handicapped/behavior disorder" category. They received regular counselling--by an itinerant or a school based counsellor paid for by the district--plus experience in a regular classroom offering subject matter at the level the child could accommodate.

EXHIBIT 12: WHEEL OF SERVICES


* LIFE LEARNING *
EDUCATIONAL BROKER *
INTEGRATED TEACHING W/ REG ED. *
ONG RANGE PLANNING & EVALUATION
LONG RANGE PLANNING *
SCHOOL *
APPROPRIATE ED. IN NEIGHBORHD
INTER-PROGRAM MOBILITY *
MAXIMIZE
BEHAVIOR SPECIALIST *
Academic 1/2 Day Grade 1-3 + 1/2 Day in Reg. Educ. + I.T.
Communication Class Grade 1-3 Integrated with other populations
Academic 1/2 Day Grade 4-6 + 1/2 Day in Reg. Educ. + I.T.
Communication Class Grade 4-6 Integrated with other populations
Transition/Diagnostic Class Grade 1-2 - placement limited to one year only
Early Childhood Center Ages 3-6 Integrated with all populations (non-categorical)
All-Day Living Skills & Care Program (all categories up to 21)
1/2 Day Living Skills & Care Program + 1/2 Day in integrated, open environment
Academic Program 1/2 Day + 1/2 Day "lifelearning" content programs; self-directed; behavior; inner power
THE CHILD

ELEMENTARY LONG RANGE PLANNING * 1979 *

SPECIAL EDUCATION PROGRAM

Another design emerged in response to the need to accommodate two special concerns: 1) the transition for those emotionally impaired adolescents who were gradually moving from quite severe to less restrictive environments; and 2) the prevention of movement to more restrictive settings (e.g., outpatient "classrooms" located in hospital). This design was created through and supported by inter-agency cooperation with the State Mental Health Services. The district had a firmly established program enabling students to attend self-contained classes in a regular school in the morning and move to the Mental Health Center for therapeutic sessions in the afternoon. This program also served students from surrounding districts.

Another issue of present concern for local education agencies is meeting the personnel needs for instructing children with low-incidence handicapping conditions--the physically and otherwise health impaired, the hearing impaired and the visually impaired. One State has a history for dealing with such an issue that has long been in operation throughout its districts and also emulated by others in other states. This one state created "teacher consultant" positions as part of each district's special education staff with sole responsibilities for low incidence populations. The teacher consultant, acting in an itinerant capacity, serves those children whose physical impairment is not severe enough to require placement in special schools, but who can be integrated into the community school setting through consultant instruction and counseling. Their duties are multiphasic and comprehensive:

1. Assist in the identification, evaluation, educational placement and training of preschool and school-aged students with physical impairments, sometimes inclusive of students with additional impairments who also require other special education programs or services;
2. Serve as resource persons for the teacher working with a physically impaired child within the normal school setting;
3. Work individually with a child who, because of his/her physical impairment is having difficulty keeping up with classroom work;

4. Assist the teacher in acquiring special materials or equipment which will contribute to the education of the physically impaired child within the normal classroom. The student might be assisted/directed to further treatment, diagnosis, or understanding in order to receive the greatest possible benefit from the learning environment;

5. Assist the family of a physically impaired child, through home calls and contacts, in understanding the child's educational and vocational needs;

6. Give vocational guidance and assistance to a physically impaired person during appropriate times (junior and senior high school) and act as referral agent to vocational rehabilitation services;

7. Keep local school administration informed as to the status of the mainstreamed physically impaired child within the district.

Such teacher consultants, by their very existence and availability, have also served to assist in getting children placed in less restrictive environments.

A similar approach is in practice in a district which is cooperating with a university to develop a model program aimed at integrating the mildly mentally impaired, behaviorally disordered, learning disabled and physically impaired into regular classrooms. The original funds for the development of this program were provided by the Bureau of Education for the Handicapped. The program is currently funded by local district contributions. This program is designed to serve more individual students with different handicapping conditions. It is also a direct means to insure the LRE principle is practiced. It operates on the concept of "interpreter- tutors" who are assigned to children, as a part of their individual educational plan. The children receive their educational programming in the regular classroom for a part of each day. The "tutors" accompany 1-4 mildly handicapped children to regular classrooms and interpret the written material presented there. They are also responsible for implementing behavior management programs and communicating to resource room teachers the progress and needs of the children with whom they work. These tutors are drawn from qualified applicants, including parents.

Many districts have funded their own specialized "summer" or day camp programs. One State provides year round programming to avoid the all-too-often relapses that occur when services are temporarily suspended. A particularly interesting service uncovered in the study was one available to everyone attending schools in that particular state. It was that of Computer Assisted Instruction, operated from a State remote terminal, and capable of producing a variety of educational programs for all students, handicapped or nonhandicapped. All classrooms in all schools are equipped with a terminal. Use of this terminal by individual students provides data for reporting student progress in terms of grade levels and "topical strands" (subject matter). By providing longitudinal data, improvements are made in accurately tracking a student's progress and in effectively refining his/her current educational program.

VIII. ARCHITECTURE

In order to fully implement the concept of LRE, districts have had to change and create structures to accommodate students with a variety of handicapping conditions. Function determines structure as much as structure determines function. Thus, the initial blooming of prefabricated attachments to regular schools is becoming an actual grafting, which creates an adaptable hybrid as more and more schools are designed for integration and mobility.

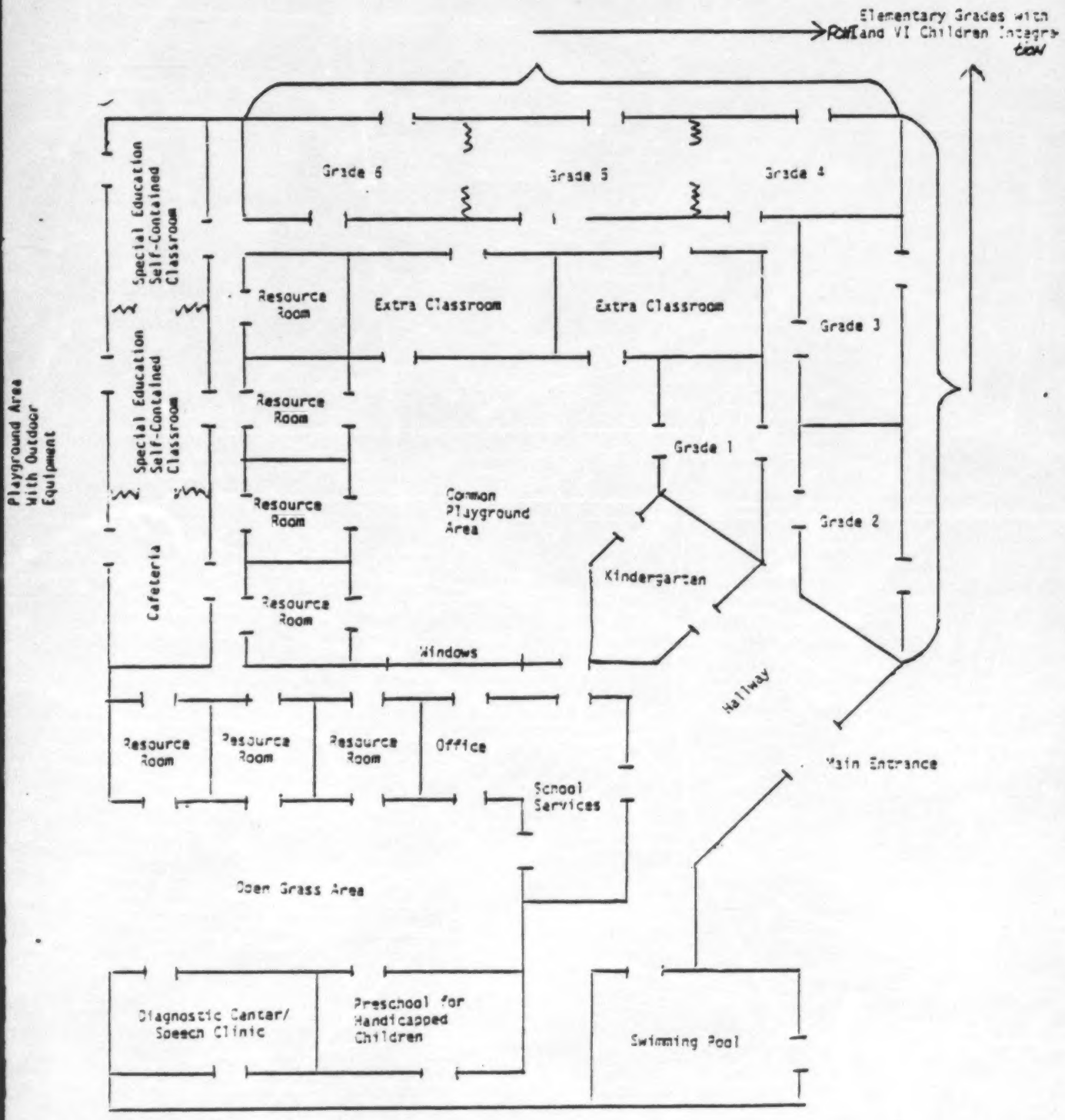
In looking at the relationship between design and programming, two schools will be represented: 1) a regular elementary school with integration; and 2) a special school for high school age educable mentally retarded.

School 1

There were excellent examples of efforts to maintain children in as "normal" and non-restrictive an environment as possible. There was a clear commitment on the part of every district in the study to a type of "mainstreaming" which took the form of placing the handicapped child within close proximity to nonhandicapped children and where such a

placement was not possible, with less severely handicapped children (upstreaming). The degree of success and sophistication, of course, varied considerably, but there was no question as to the sense of commitment each district felt and showed in following through with such a philosophy. For example, in two districts unusual organizational approaches to the provision of education services to severely handicapped children were observed, both of which tended to facilitate the operational feasibility of educating severely handicapped children. In both of these districts architectural design of the school building had specifically accommodated classrooms or class arrangements for the handicapped and, educational programs for both the handicapped (severely so in some cases) and nonhandicapped child had been operating side by side for more than five years. This produced a staff, student body, and parent support groups with open and inclusive attitude toward the handicapped child. Exhibit 13 presents an outline of the design of one such school building in one district. It is of special interest to note that while the handicapped children have a designated section of the building for instructional and grouping purposes, the very open "pods" or instructional areas, common play and lunch areas, and the unusually high traffic exchange in the lobby area of the school enhanced the mixture of students and the opportunities for social integration. In fact, this particular building contained severely impaired children from a mobility aspect, and the wide open physical spaces, lack of doors or tight, enclosed entryways, greatly enabled these children to move freely and easily with crutches, wheelchairs, and other mobility assistance devices. In this setting, there was much extracurricular and social integration of the children -- the pool serving as one key focal point for this as well as certain extracurricular activities. In fact, one of the most severely physically impaired children in the school was able to participate in a National Spelling Bee competition representing this district and the state region. Such real opportunities for interaction and exchange may well belie the need to more precisely define implementation requirements for LRE at the operational level in other districts.

EXHIBIT 13: AN ELEMENTARY SCHOOL ARCHITECTURAL DESIGN ACCOMMODATING HANDICAPPED AND NONHANDICAPPED CHILDREN



School 2

"In response to recently enacted federal legislation, P.L. 94-142, eight profoundly handicapped students, formerly institutionalized have been placed . . . and assigned to another student who serves as a role model." So reads the booklet from School II proclaiming its assistance in deinstitutionalization. It is also an example of what the district referred to as "upstreaming." The school was centrally located and the design was structured for optimum training. Opportunities to develop the individual interests of the educable and trainable mentally retarded were readily facilitated by the architectural structure of the environment.

The school uses a highly individualized instructional process, small group instruction in academic areas, occupational training; and makes elective courses available. There is substantial emphasis on preparing students for the job market with opportunities for on- and off-campus work experience. The senior students are placed in on-the-job training stations in the community and the school is committed to placing every graduating student (up to age 22) in a job, in a more advanced or specialized training program, or with some other community agency that can assist the student.

The facility, opened in 1977, was designed for maximum mobility, safety, and supervision. Exhibit 14 presents the school layout. The five special purpose wings of the facility radiate from a spacious multi-purpose room used for eating, assemblies, programs, indoor athletics and special classes. It is also the first solar-heated school in the United States, and the students there have the chance to learn its specialty and how it works. A solar-heated therapy pool is being installed for the treatment of all of the district's physically handicapped, cerebral palsy, and muscular dystrophy students. Also, a live-in complex is to be constructed for teaching selected students independent living skills.

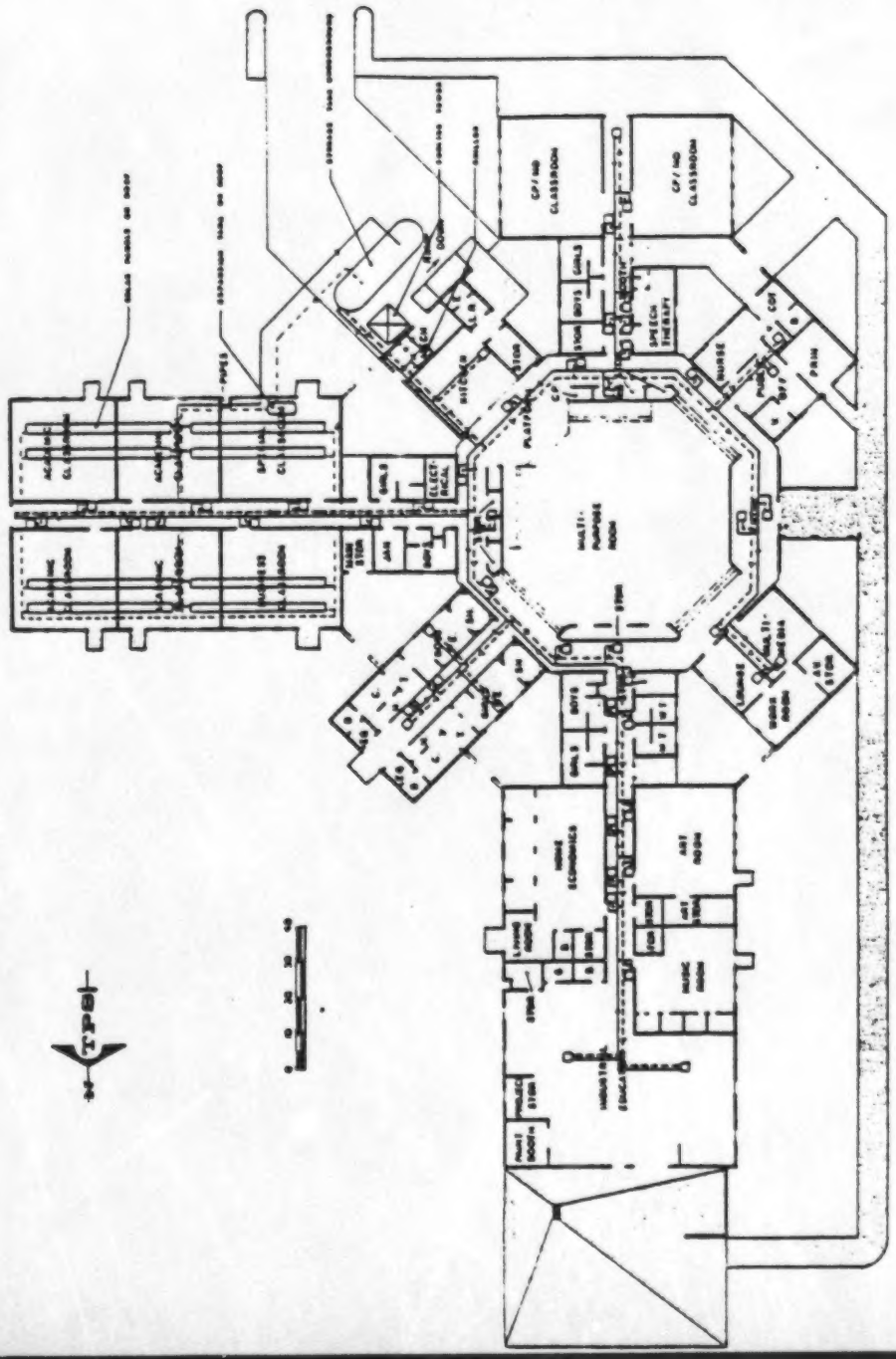
IX. SUMMARY

Overall, our observation of district practices, discussions with school personnel, and review of written documents yielded a wide variety of creative strategies being implemented by local education agencies. These school districts were often faced with too many demands and too few resources to cope easily with the implementation of a complex law and the complicated set of regulations necessary to ensure appropriate education in the least restrictive environment possible for handicapped students.

One of the strongest areas in which districts seemed able to develop and adapt creative solutions to the age old problems of limited time and resources within the context of meeting federal and state mandates was the area of programming for individual students. This was particularly evident in the cases of initial referrals for special education. During the process of initially identifying and programming for a handicapped child, the district staff seemed to rise to the occasion by adjusting the system to accommodate the specific needs of a variety of individual cases. Committed professionals were willing to spend time developing alternative procedures or adjusting current practices for a case specific purpose.

This review of promising practices was developed to illustrate the adaptability of local districts in their efforts to provide individualized special education and related services for handicapped children, many of whom had previously been denied free access to any public school programs. The practices described should not be construed to be more than examples of how districts with different contextual factors and constraints were able to come to grips with individual problems in implementation of mandated special education. These practices are not advocated to be adopted wholesale or indiscriminately by other school systems, but rather to be held as examples from which generic ideas and procedures can be extracted. The reader is reminded that often state laws govern closely the required special education

EXHIBIT 14: A SPECIAL SCHOOL ARCHITECTURAL DESIGN



process required and the state regulations may explain some of the differences in the way districts identify, evaluate, place, and educate the handicapped students they serve.

The manner in which this report was developed focused on a problem/solution approach for identifying promising strategies for facilitating placement decision-making. Such a methodology for identifying and describing local district practices may tend to give the reader an impression that there exist many problems relative to P.L. 94-142 implementation. This is not actually the case, but merely an artifact of the methodology used in this Activity. The approach chosen enabled the identification of generic types of problems which appeared to cut across districts in the sample. These problems could then be analyzed in terms of the individual adaptations districts were able to make to their procedures to solve the problems. The commitment of school district personnel to individualizing special eduction for handicapped learners cannot be overemphasized. Many hours were spent in efforts to identify, determine, and plan for meeting the needs of handicapped children and their parents. Every one of the fifteen school districts in this study had some unique contribution which is reflected in this report. Only through the consistent efforts of these school district personnel can the commitment to providing free, appropriate education for all handicapped students be continued.